UNFADING INK-THIS IS A

PHYSICIANS should state of QCCUPATION is very

Exact statement stated EXACTLY.

may be properly classified.

See instructions on back of

of information

WRITE

DEATH IN

CAUSE OF I

ż

15

AGE

RECORD

1	PLACE	OF	DEATH
	-		

5180

#### STATE OF MARYLAND CERTIFICATE OF DEATH

	/		Registration Dist.
/	11, 11/1/1	11.	5 11411 11
Village or City	4Kerle-14d	Na Dorughul	Registration Dist.  Ward)
Times of Oity any		(HOA)	oc, ward)
,	0		/ :

Village or City Aykesvill-Md (No Spring) 2FULL NAME Thomas P. acc	Lief Mard)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
AGE  ACOLOR OR RACE  MARRIED, WIOOWED, ORDIVORCED  (Write the word)  AGE  MARRIED, WIOOWED, ORDIVORCED  (Write the word)  (Month)  (Day  (Year)  TAGE  If LESS than 1 day,hrs. ORmin.?  COCCUPATION  (a) Trade, profession, or particular kind of work.  (b) General nature of indusiry, business, or establishment in which amployed (or amployer)	18 DATE OF DEATH  (Nonth) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from July 7  1913, to Chail 1, 1915.  that I last saw had alive on Chail 1, 1915.  and that death occurred on the date stated above, at 4-55 Pm, The CAUSE OF DEATH* was as follows:  (Duration) — yrs. — mos. 12 ds.
9 BIRTHPLACE (State or country)  10 NAME OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (State or country)  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)  15 BIRTHPLACE OF MOTHER (State or country)  16 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) (Ouration) yrs mos ds.  (Signed) (Signed) , M. D.  *State the DISEASE CAUSINO DEATH, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  18 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents)  Af place of death / D. yrs. mos. ds. State / yrs. mos. ds  Where was disease contracted, if not at place of death?  Former or usual residence (Post of the place of death)

19 PLACE OF BURIAL OR REMOVA DATE OF BURIAL La, 1915

20 UNDERTAKER

ADDRESS

If more blanks are needed, address State Registrar, & E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

eated thus: CAUSING DEATH, state oecupation at beginning of Illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication as Day taborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civit engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, For many occupations a single word or term on the applies to each and every person, Irrespective of age. ness of various pursnits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. (a) Spinner, (b) Cotton mitl; (a) Satesman, (b) Statement of occupation-Preeise statement of oeeupa-If retired from bushness, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (mercly symptomatie), "Atrophy," mere symptoms or terminal conditious, such as "Asaffection need not be stated unless important. valvutar heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) eause of death approved by Committee on Nomenela. "Contributory." sepsis, tetanus) may be stated under the head of by carbotic acid-probably suicide. The nature of the dent; Revotver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (seeoudary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease eausing death), 29 ds.; ete. State eause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED
MAY 1915
BUREAU, V.S.

	WRITE PLAINLY,	rmation shore
	WRITE	item of info
V. S. No. 1.		N. B.—Every item of information she

Villa	go or City near MT aryno.	St.; Ward)  [If death occ a hospital or ingive its NAME of street and R
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	16 DATE OF DEATH (Day)
6 DA	TE OF BIRTH (Month) (Day) (Year)	that I last saw have alive on All 4
7 AG		and that death occurred on the date stated above, at
- (a	CCUPATION ) Trade, profession, or Relief	Ceubal hemorrhage
DO(b	) General nature of Industry siness, or establishment in ich employed (or employer)	(Duration) yrs mos.
	(State or country)  Maryland	Contributory Mutual Ansufficience Secondary (Oursilon) 10 yrs. mos.
ω.	10 NAME OF FATHER John Hord.	(Signed) A. T. Counti.:  apl 70 1814; (Address) M-any
RENT	OF FATHER (State or country) Maryland.	*State the Disease Causing Death, or, in deaths from Vic Causes, state (1) Means of Injury; and (2) whether Accide Suicidal or Homicidal.
PA	13 BIRTHPLACE OF MOTHER Many Hord. (State or country) Manyboard.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRA OR RECENT RESIDENTS) At place in ths of death yrs. mos. ds. Stats, yrs. mos Where was disease contracted,
14 Ti	(Informant) Claughter	if not at place of death?  Former or  usual residence
15	(Address) M-any	M Olive Lew Carrollo afril 9.
	ed agrig 1915 Robt I Reculates	20 UNDERTAKER ADDRESS BUILT Journau Put Cice



[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as Hausewife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many eases, taken to report specifically the occupations of persons employed, as At school or At home. Care should be mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used first line will be sufficient, e. g., Farmer or Planter, Physiknow (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to applies to each and every person, irrespective of age ness of various pursuits can be known. The question business or industry, and therefore an additional line For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Nevcr return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchapneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee genital," on Nonienclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, Struck by railway train-accident; Revolver wound SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as "Heart failure," "Heemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," ges, peritonacum, etc., Curcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of head-homicide; Poisoned by surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puenpenal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" (nierely symptomatic), "Atrophy," lapse," "Cona," "Convulsions," "Debility" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping "Senile," etc.), "Dropsy," "Exhaustion," The contributory (secondary or intercurcarbolic acid-probably Never report mere ACCIDENTAL,



V. S. No. 1.

5182 STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF DEATH
16 DATE OF DEATH  Office (Month) (Day) (Year)
that I last saw h implies on March 282,1915.
and that death occurred on the date stated above, at 3.30 Pm.  The CAUSE OF DEATH * was as follows:
avoit
Contributory Secondary
(Signed) J. Albert Nice M. O.  (Address) M. Dairy Md.
*State the DISEASE CAUSING DEATH, or, in deads from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICINAL OF HOMICIDAL.
18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs
f not at place of deeth?
ME Pene: Sist Carrollo april 8, 1915
BUBOWNIAN Maing Med





[Approved by U. S. Census and American Public Health Association.]

E yrs.). For persons who have no occupation whatever state occupation at beginning of illness. business, that fact may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Screant, Cook taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. mill; (a) Salesman, (b) Grocery; (a) Foreman, employed, as At school or At home. Care should be precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal minc, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil neer, Stationary fireman, etc. But in many cases, The material worked on may form part Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menindualified, is indefinite); Tuberculosis of lungs, menindericality.

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, telanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichuomia," "Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Urucmia," "Weakness, "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," "Convulsions," "Debility" ("Corgenital," "Senile," etc.), "Dropsy," "Exhaustion, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valeular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... symptoms or terminal conditions, such as "Asthenia (name origin; "Cancer" is less definite; avoid use of "Anaemia" (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-Never report mere (Recommendations

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RECEIVED

MAY 5 1915

BUREAU, V.S.

	5409
PLACE OF DEATH	STATE OF MARYLAND
County Carroll /11	CERTIFICATE OF DEATH
Gounty	Padiatestian Dist. No. /6
0. 7 - 1 D	Registration Dist. No.
Village or City Westminster (No. Per	m. Oux St.; Ward) [If death occurred in a hospital or institution
	give its NAMF instead
FULL NAME Dosiah Calva	of street and number.]
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. Married	16 DATE OF DEATH WEST MUSIC 4, 241915
WIDOWED.	(Month) (Day) (Year)
Male White (Write the word)	17 / I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	Upr. 2/ 1914, to Upr 2/ 1916
007 27 ,1837	that I last saw h wallyon about 16 , 1916
. (Month) (Day) (Year)	
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 123000m.
7/ yrs. 5 mos. 2 4/ ds. ORmin.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION S	
(a) Frade, profession, or	agul Wroumge Church
particular kind of work Musical (b) General nature of industry,	year warmer course
business, or establishment in	(Duration) yrs mos ds
which employed (or employer)	Contributory
9 BIRTHPLACE (State or country)	(Secondary)
o area co	(Operation) yrs mos ds
10 NAME OF ATHER	(Signed) 10 1 Botto 1 10
FATHER Deaac Bunkard	Marit ~ Madeweller
L OFFATHER &	(Address)
OF FATHER (State or country) Carroll Go	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY: and (2) whether ACCIDEN.
M 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a OF MOTHER Susan Erb	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Carroll Go	At place in the
	of death yrs mos ds. State yrs mos ds. Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
(Informant) Carlhine V. Bankurd	Former or
	usual residence
(Address) Westminster Mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 of add 80h M.	Selver Vien 7/25 ,1915
F1180 Qu-25-, 1915 6. H. Florer	20 UNDERTAKER ADDRESS
REGISTRAR	HBarchard Vam Min7 "

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. who have no occupation whatever, write None. been changed or given up on account of the DISEASE should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite syndaym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeture of the American Medicai Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUEEPTEAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic "Contributory." Accidental drowning; Struck by railway train-accimere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death); 29 ter" is less definite; avoid use of "Tumor" for malls. oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Canda.;



V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Chall	Registration Dist, No. 74
Village or City Sylesonthen & (No. Spring) 2FULL NAME James A. Bel	1.11/11/11/11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Walls Single,  Male Walls Single,  Marrieo,  Wiooweo,  OROIVORCEO  OROIVO	16 DATE OF DEATH    Month   (Day (Year)   17   I HEREBY CERTIFY, That I attended deceased from
fullnerm, 1	that I last saw here allyeon aby 17 1915
7 AGE (Month) (Day (Year)  1 t LESS than 1 day,hrs. 0 c	and that death occurred on the date stated above, at 4-15-m, The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or particular kind of work  Plastus	Evening Coma
(b) General nature of industry, business, or establishment in which employed (or employer)	Contributory Medical Xarteria School
9 BIRTHPLACE (State or country) Larry Bell	Secondary (Duration) Cultures of mos os.
10 NAME OF M	(Signed) Hatters den M. D.
11 BIRTHPLACE OF FATHER (State or country) Larah Sunt	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL SHICKLES OF HOMEROPY.
a del	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds. State sts! mos ds
(Informant) A PAT ROUND (Informant)	Where was disease contracted, downers as the former or usual residence.  Howard Comments are supported to the former or usual residence.
(Address) Sylisnes 15	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed apr. 19, 1915 WWRitter	20 UNDERTAKER ADDRESS ADDRESS
(Over) If more blanks are needed, address State Regist	trar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nee-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planler, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up ou account of the disease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Colton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the tion is very important, so that the relative healthfulwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has Statement of occupation-Preeise statement of oecupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

RECEIVED

MAY 3 1915

BUREAU, V.S.

valvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of........ (name origin; "Caneer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerperal peritonitis," etc. State cause for childbirth or misearriage as "Puenperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. Exscpsis, tclanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the Americau Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), (Recommendations ou statement of (disease eausing death), 29 ds.; "Dropsy," "Exhaustion," Never report For vio-

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Letter filed ". ketter"

. 102

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PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH Registered No. 972
Village or City Myers diseX (No.	St;Ward)  [It death occurred is a hospital or institution give its MAME instea of street and number.]
2 FULL NAME Ulice U B	ett.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, Married MARRIED WIDOWED, OR DIVORCED (Write the word)	16 DATE OF DEATH 4 13 , 191 5 (Month) (Day) (Year)
S'DATE OF BIRTH Abril 17th 1856	March 1904, to april 7th, 1915
(Month) (Day) (Year) .  7 AGE   If LESS than   1 day,hrs.	that I last saw here allive on apple 7 m , 191 on and that death occurred on the date stated above, at 6 - 9 m The CAUSE OF DEATH* was as follows:
O OCCUPATION (a) Trade, profession, or particular kind of work forceseurife	Paralysis agitans
(b) General nature of Industry, business, or establishment in which employed (or employer)	Contributory Decepits
State or country) Maryland	(Secondary) (Duration) yrs 8 mos d
of 11 BIRTHPLACE	(Signed) John Discher M. 4/13 , 1915 (Address) Milanchester
State or country) Carroll Co. Maryland  12 Maiden NAME OF MOTHER  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) barroll la Manusland	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS)  At place  In the of death yrs,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, if not at place of death?
(Informant) Deel Run Manglance	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Silver Run, Md. april 1/2 th, 1915.
Filed April 15, 1916 John M. Humbert	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations duties of the household only (not pald Housekcepers statement. material worked on may form part of the second additional line is provided for the latter statement cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Servant. Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. Physician, Compositor, Architect, Locomotive engineer For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, lf retlred from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted ferm for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinlosis of lungs, meninges, peritonacum, etc.. Carcinlosis

mia," "PUEBPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purrperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of .... dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viccause. Always qualify all diseases resulting from genital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for maile-The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-



Count	PLACE OF DEATH  Ty Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No
Villag	e or City Manchester (No. , 2 FULL NAME John Claylon	St.; Ward)  [if doa'h occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE)	Male Mule Seff 19 1914  (Mynth) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  April 1,1915, to April 2, 1915,  that I last saw ham alive on April 2, 1915,
7 AGI	I I I POD Mos	and that death occurred on the date stated above, at 2 P. m. The CAUSE OF DEATH * was as follows:  fobular Preumerus
BI 6 (p)	iticular kind of work ) General nature of industry iness, or establishment in ich employed (or employer)  RTHPLACE (State or country)  Carroll Co. Pud.	Contributory Secondary  (Ourslien) yrs. mes. 2 ds.
portant. See	10 NAME OF John M. Black  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	(Signed) A. T. Sulman, M. 0.  Apoll 2, 1915. (Address) Muncluster Ind.  *State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
Is very im	13 BIRTHPLACE OF MOTHER (State or country)  OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of deathyrsmosds. \$tate,yrsmosds. Where was disease contracted,
0	(Informant) John M. Black  (Address) Manchester Ind.	If not at place of death?  Former or usual residence  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  See Ridge Part 5., 1915
File	REGISTRAR	Bacob Wank & Son Marichester 16 W. Saratoga St., Balto., Requesting V. S. No. 1. Md.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None state occupation at beginning of illness. or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm luborer, Laborer "Foreman," "Manager," "Dealer," of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Never return "Laborer," But in many cases, etc., If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uracmia," "Weakmess, genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inantion," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," on Nomenclature of the American Medical Association.) and consequences (e. g., sepsis, tetanus) may be stated surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the chopneumonia (secondary), 10 ds. nephrilis, etc. The contributory (secondary or intereurcough; Chronic valvular heart discase; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drowning; Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. or miscarriage as "Pubrperal scpticharmia," State cause for which Never report mere

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 5 1915

BUREAULY.S.

V. S. No. 1.

N. B.—Every litem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is year important. See instructions on back of certificate. RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

1 PLACE OF DEATH Canall



#### STATE OF MARYLAND CERTIFICATE OF DEATH

	Registration Dist. No.
Village or City Hampstead (No	St.; Ward)  [if deeth occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Hemale White Strongle (Write the word)	(Month) (Day (Year)
Chionth) (Day (Year)	that I last saw h 21 alive on a file 4 , 1910
about 88 yrs mos ds OR min.?	and that death occurred on the date stated above, at 5, 300, m,  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or nowe nor nor nowe particular kind of work.  (b) General nature of Industry, business, or establishment in nowe	(TKS)
which employed (or employer)  BIRTHPLACE (State or country)  State or country)	Contributory Astlinesses Secondary
10 NAME OF FATHER UNKnown	(Signed) Gdgrum, Bush, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  WARRENAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Williams  13 BIRTHPLACE OF MOTHER (State or country) Williams	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,  OR RECENT RESIDENTS)  At place  of deathyrsmosds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Edw Hipton	Where wes disease contracted, If not et plece of death?  Former or usual residence.
(Address) Drumpstead mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Shiloh Cruetery 4 191.6  20 UNDERTAKER ADDRESS  Willeton Hon Hampster of
	strar, 6 E. Franklin St., Baito., Requesting V. S. No. 1/

[Approved by U. S. Consus and American Public Health Association.]

Housewife, Housework, or At Home, and children, not gainfully employed, as At 321001 or At home. Care should be taken to report specifically the occupations mine, etc. Women at home, who are engaged in the duties of the household only unit paid Housekcepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (h) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question ness. If retired from business, that fact may be indicated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

nant peoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "Puerperal peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asample: Mcasles (disease causing death), 29 ds.; affection need not be stated upless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



V. S. No. 1.

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'PLACE OF DEATH	5188 STATE OF MARYLAND CERTIFICATE OF DEATH
County Carroll	Registration Dist. No. 80
Village or City JEW Minde or (No.	St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead
* FULL NAME Jagmon	The street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mile Color or RACE Single, MARRIED WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH Office 24 to 1915 (Month) (Day) (Year)
DATE OF BIRTH	april 9th 1915, to Opril 24th, 1915,
(Month) (Day) (Year)  AGE   If LESS than   1 day,hrs.   wrs.   ds.   ORmin. ?	and that death occurred on the date stated above, at 7. a.m., The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry, business, or establishment in	(Duration) yrs. mos /6 ds.
which employed (or employer)  BIRTHPLACE (State or country)	(Secondary)
10 NAME OF FATHER  11 BIRTHPLACE OF FATHER	(Signed) Thirting Statley, M. D.  april 16, 191 & (Address) New Window M.
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR REGENT RESIDENTS)  At place In the of death yrs, mos ds.
I (Informant) Control of the Best of MY KNOWLEDGE	Where was disease contracted, if not at place of death?  Former or usual residence.
Filed Afril 26, 191 5 J. Balyard Mes  If more blanks are needed, address State Registra	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  10 Line 26, 1912-  120 UNDERTAKER  120 UNDERTAKER  120 UNDERTAKER  120 UNDERTAKER  120 UNDERTAKER  120 UNDERTAKER

[Approved by U. S. Census and American Public Health
Association.]

it should be used only when needed. As example (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative lealthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not statement. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septicharetc., when a definite disease can be ascertained as the cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for malig ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-LENT DEATHS State MEANS OF INJURY and qualify as oma. Surcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head of (Recommendations on statement of (name origin; "Can "Exhaustion,"

If this certificate is looked over thoroughly and all quentions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY3 1915
BUREAU, V.S.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	-5189
PLACE OF DEATH	STATE OF MARYLAND
le soull	CERTIFICATE OF DEATH
County County	Registration Dist. No. 80
Village or City Est Jan Link (No.	St.; Ward) [If death occurred in a hospital or lostilution,
* FULL NAME Sharks Sm	give its NAME Instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIO, MIDOWED,	(Month) (Day) (Year)
Mak Dolored (Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
BATE OF BIRTH DAY 9	april 9th, 1910, to april 237, 1915.
(Month) (Day) (Year)	that I last saw ham alive on Jun 17th, 1910
7 AGE If LESS than 1 day	and that death occurred on the date stated above, at \$30am,
yrsmosds.   ORmin. ?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION	Limilians
(a) Trade, profession, or particular kind of work	
(b) General nature of industry, business, or establishment in	(Ouration) yrs mos 4s.
which employed (or employer)	Contributory Conquital atelectoric
9 BIRTHPLACE (State or country)	(Secondary) (Duration) yrs. mos. 12 ds.
10 NAME OF C : // // -//	(Signed) Striking Hatter
on 11 BIRTHPLACE	Spee 247, 191 d (Address) New Windaw,
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or in deaths from Violenn
OF FATHER  OF FATHER  (State or country)  12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
a unna pour	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the ot death yrs, mos, ds. State yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
HAR INT	If not at place of death?————————————————————————————————————
(Intermant)	usual residence
(Address) Lew Glindson	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Philly 1 Odward West	20 UNDERTAKER APDRESS
Filed Cyn Ly, 191 6 Command Registrar	Banko and San St. town to
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

tion is very important, so that the relative lealthful-(a) Spinner, cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indl-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa Never (b) Cotton mill; (a) Salesman, return "Laborer," If the occupation has Farmer or Planter, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar meumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the sepsis, tetanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal septicharmus," "Old Age," "Shock," "Uraemia," "Weakness," -Hart fallure," "Haemorrhage," "Inanition," "Maras genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant ncopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for mailg oma. Surcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Can Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY3 1915
BUREAU,V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	5,00
1 PLACE OF DEATH	STATE OF MARYLAND
County Canall	23 CERTIFICATE OF DEATH
1111	Registration Dist, No.
Village or City Westmuster (No. ).	St.; Ward)  [if death occurred is a hospital or institution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temales White the word)	Date of Death Office (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
april 18 18/15	that I least as with the state of the state
(Month) (Day (Year)	that I last saw from allve on from 1913
1 day, 17s	and that death occurred on the date stated above, at the Dam, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or	
particular kind of work	he mater butt 1
(b) General nature of indostry, business, or establishment in which employed (or employer)	(Ouration) yrs mos ds.
9 B!RTHPLACE (State or country) Manuland	Generation (Beration)
FATHER Shands Cornan	(Signed) Juny by February, M. D.
11 BATTHPLACE OFFATHER Whate or country) Manyland 12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH OF In deaths (FOR WOLFING
12 MAIDEN NAME OF MOTHER BO DE THE	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  Al place In the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Informant) Have Coveran	Former or usual residence
(Address) Westmusster	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Ohr-19 to E. W. Shrives	Westmuster afril 19, 1915.  20 UNDERTAKER ADDRESS
REGISTRAR	Truck & Sharrer Westumal.
If more blanks are needed, address State Registr	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, The

> sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-aceisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion,"



1 PLACE OF DEATH STATE OF MARYLAND state Very CERTIFICATE OF DEATH County Canall PHYSICIANS should of OCCUPATION IS Registration Dist, No. lif death occurred in ....Ward) RECORD a hospifal or institution, give its NAME instead of sfreef and nomber.] statement PERSONAL AND STATISTICAL PARTICULARS ENT MEDICAL CERTIFICATE OF DEATH EXACTLY. 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH 5 SINGLE. MARRIED. PERMAN WIDOWED, ORDIVORCED (Write the word) (Month) (Day Exact I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) TAGE If LESS than 1 day O hrs. pino and that death occurred on the date atatad above, at The CAUSE OF DEATH\* was as follows: OR ..... ? properly ы BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. pe (b) General nature of Industry, business, or establishment in may (Duration) 200 which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 08 0 back PARENTS 11 BIRTHPLACE OF FATHER terms, , 191/10 (Address) (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 6 12 MAIDEN NAME plain Instructions OF MOTHER 15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA. OR RECENT RESIDENTS) = 13 BIRTHPLACE At place OF MOTHER (State or country In the EATH ... yrs, \_\_\_\_ ds. State . WRITE Where was disease contracted. TO THE BEST OF MY KNOWLEDGE of 1 DE if not at place of death?. Former or 10 EJ Every item CAUSE OF important. usual residence 19 PLACE OF BURIAL OR REMOVAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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BINDING FOR RESERVED MARGIN

V. S. No. 1.

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Village or City Westwinsler, No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDINGRED (Write the word)  A RECORD  A RE	16 DATE OF DEATH  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  (Month) (Day (Year)  17 I HEREBY CERTIFY, That I attended deceased from  (Month) (Day (Year)  (Year)  1915  that I last saw here alive on Califor 6 — 1915
7 AGE (Month) (Day (Year)  1 LESS than t day,hrs.  ORmin.?	and that death occurred on the date stated above, at 1000 pm.  The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory Sumual America.  Contributory Sumual America.
11 BIRTHPLACE OF FATHER  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE OF MOTHER	(Signed)
(State or country)  14 THE ABOVE IS TRUE TO THE BEST OF BY KNOWLEDGE  (Informant)  (Address)  15  Filed AMA 1915 G. M. SULVINIA  REGISTRAN  9 If more blanks are needed, address State Regist	where was disease contracted, If not at place of death?  Former or  OSUAL residence  19 PLACE OF SUBJAL OR REMOVAL  WISHINGTON CERTIFY  20 UNDERTAKER  PODRESS  Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons

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MAY 6 1915
BUREAU, V.S.

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STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

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RECEIVED

MAY6 1915

BURBAU,V.S.

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PLACE OF DEATH County Lawoll



#### STATE OF MARYLAND CERTIFICATE OF DEATH

[If death occurred to

		Registration Dist.
Village or City Sykisville	INO Springfield State	Hocks. Ward
FULL NAME FRAM	en Key Gorsey	

Villa	2 FULL NAME FLANCIS Key	Corsey  Ward)  a hospital or lostitution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX Hu	uale While (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
7 AGE	(Month) (Day (Year)	that I last aaw h M allve on April 5 1915
	75 yrs mos ds. OR mio. ?	and that death occurred on the date stated above, at 4.50 Cm. The CAUSE OF DEATH* was as follows:
(a) Tr partic (b) 60 busines which 9 BIRT (S)	cupation rade, protession, or cular kind of work eneral nature of industry, iss, or establishment in employed (or employer)  THPLACE State or country)  ONAME OF FATHER  I BIRTHPLACE OF FATHER (State or country)  Malden Name OF MOTHER	(Signed) Address) Syllistick Max.  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal, or Homicidal, Suicidal, Sui
4 THI	3 BIRTHPLACE OF MOTHER (State or country) Unknown  E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  tormant) Losfulat Melora	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS)  Af place In the of death yrs. I mos. I ds. State I mos. ds  Where was disease contracted, It not at place of death?  Former or usual residence.
15 Filed	Address)	19 PLACE OF BURIAL OR REMOVAL  Ballo City Med Shafe, 191 5  20 UNDERTAKER  ADDRESS

If more blanks are needed, address State Registray, & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, uot who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the The

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic ecrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if Impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name orlgin; "Can-Aecidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senlle," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report



z

state



[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary fireman, etc. But in many "Statement. Never return "Laborer," "Foreman," "Manager," "Deuler," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question mine, etc. Women at home, who are engaged in the it should be used only when needed. As examples: tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner; (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

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June 25/19/2

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," nant neoplasms); Measles; Whooping cough; Chronic such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (mercly symptomatic), "Atrophy," nucre symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exvalvular heart discase; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Brouchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Meastes (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For VIO-



the second secon	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
	Registration Dist. No. 2.6
Village or City Westurnster (No.	St.; Ward) [If death oc a hospital or in
2 FULL NAME Hanson Sie	icel give its NAME of street and i
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That Vattended deceas
Lece 10 18	that I last saw h an alive on April 6
7 AGE II LESS	and that death occurred on the date states above, at
8 3 yrs. 8 mos. 28 ds. OR mil	The CAUCE OF DEATH & week of follower.
6 OCCUPATION (2) Trade, profession, or	
particular kind of work  (b) General nature of industry	
business, or establishment in which employed (or employer)	Guffe (Buration) yra mos
9 BIRTHPLACE (State or country)	Contributory hyelitis
10 NAME OF	(Duration) yrs. 5 mos
FATHER Herry Grael	(Signed)
U BIRTHPLACE OF FATHER (State or country) many land	*State the Direase Causing Death, or, in deaths from V. Causes, state (1) Means of Injury; and (2) whether Accide
of Mother of	SUICIDAL OF HOMICIDAL.
13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the
(State or country) Mary land	of deathyrsmosds. State,yrsmc
14 THE ABOVE IS TRUE TO THE BEST OF ME KNOWLEDGE	it not al place of death?
(Informant) Cally, VI of affairs	Former or usual residence
(Address) Dearshotton	19 PLACE OF BURIAL OR REMOVAL DATE OF BURI
15 De de El m. Waring	20 INDERTAGE
Flied Offic - 9 -, 191 5 - Oc He SWUTCH REGISTRA	a a all a sold a
If more blanks are needed, address State Regis	strar, 16 W. Saratoga St. Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, who receive a definite salary), may be entered as *House-wife*, *Housework*, or *At Home*, and children, not gainfully precise specification as Day luborer, Farm luborer, Laborer business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more the duties of the household only (not paid Housekeepers mobile factory. mill; (a) Salesmon, (b) Crocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used eian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physibusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, various pursuits can be known. The question The material worked on may form part Women at home, who are engaged in If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing nearth (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if inpossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. State cause for which birth or misearriage as "Puerperal septichaemia," etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "H emorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy, lapse," "Coma," "Convulsions," "Debility" coopneumonia (secondary), 10 ds. Never report mere symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial ges, peritonacum, etc., Carcinoma, Sarcoma, etc., of . . . Struck by railway train—accident; Revolver wound of cause. Always qualify all diseases resulting from child-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercurcurbolic acid-probably "Atrophy," "Col-("Con-



PHYSICIANS should of OCCUPATION IS RECORD PERMANENT properly CE INK ed. pe UNFADING piai 5 DEATH WRITE 50 PO CAUSI

1 PLACE OF DEATH state Very PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Day (Year) TAGE If LESS than 1 day,....hrs. 7.5 yrs mos ......ds. OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) certifica Secondary 10 NAME OF FATHER (Signed) ō 11 BIRTHPLACE ARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER instructions OR RECENT RESIDENTS) 13 BIRTHPLACE Af place OF MOTHER (State or country) Where was disease contracted. See If not af place of death?. mportant. 15

REGISTRAR

If more blanks are needed, address State Registrar, & E. Franklin St., Baito., Requesting V. S. No. 1.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No .....

a hospifal or institution give its NAME instead

of sfreef and number.1

MEDICAL CERTIFICATE OF DEATH I HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at 1-40 Pm. The CAUSE OF DEATH \* was as follows: (Duration) (Duration) , 1915 (Address) Del Keen \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS ADDRESS



[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. lication as Day laborer, Farm taborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know (a) the klud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the misease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal memingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of tungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maily ture of the Americau Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, If impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "l'uerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes "Senile," ctc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified, Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N.B.

PLACE OF DEATH
County Carroll
Village or City Nan fiel a

2FULL NAME
PERSONAL AND STATI
3 SEX
FELUALE Muito
6 DATE OF BIRTH
FELO
6 DATE OF BIRTH

699/167 5198

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No ....

St.;	Ward)	a

[it death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jeunale Mick Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	(Modell) (Day (Teat)
DATE OF BIRTH 2	17 Feb   HEREBY CERTIFY, That I sttended decessed from
Feb 1 874	191 5, to W April 8, 191 5
(Month) (Day (Year)	that I last sew h allve on April 6, 1915
If LESS than 1 day,	and that desth occurred on the date stated above, st
OCCUPATION	0,0,0,00
(a) Trade, profession, or particular kind of work.	Jacker and de barrelone
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouratioo) 2 Trs. mos. ds.
State or country) andle Tha	Gontributory Secondary
FATHER Abraham Hauseer	(Signed) The Good M. D.
11 BIRTHPLACE OF FATHER (State or country) (arrallile) Wild  12 Maiden Name (1) OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
MA 12 MAIDEN NAME CONTRACTOR	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER A DEP 71 M	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the
(State or country) // Lallo Ceo VIII	of death yrs mos ds. State yrs mos ds
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) Much Carried	usual residence
(Address) Jedimunder and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed apr-9-1915 & H. Shriver	20 UNDERTAKER ADDRESS
REGISTRAR	James, M. Slotier Waterinster had





[Approved by U. S. Census and American Public Health Association.]

mine, etc. Women at home, who are engaged in the who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Deaier," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, (b) first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-"Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neopiasms); Measles; Whooping cough; Chronic injury, as fracture of skuii, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medicai Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acei-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of For VIO-



Village or City Przelburg (No. St; Ward)  PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  ACOLOR OR RACE (Write the word)  PARTICULARY  PAGE  TAGE  TO AGE (Write the word)  PAGE  TO AGE (Write the word)  PAGE  TO COUPATION  (a) Inde, presessin, or Particulary  Personal and that death occurred on the date atated above, av 2-33 Am.  The CAUSE OF PEATH* was as follows:  Contributory  Contr	PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City rigelburg (No. St.; Ward)  PULL NAME Herry Color of Race of Street and europer. Street and	County Carroll / W/	CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  SHAPE (SHAPE CERTIFY, That I attended deceased from Violent (Write the word)  6 DATE OF BIRTH  7 AGE  11 ILESS had be determined by the first of the first	0. 1 00	Registration Dist. No.
PERSONAL AND STATISTICAL PARTICULARS  PERSONAL AND STATISTICAL PARTICULARS  SEX  4 COLOR OR RACE  SAMPHICE  Whole  White  (Nonth)  (Day)  (Year)  TAGE  10 LESS than  1 day, hrs.  (Month)  (Day)  (Year)  The CAUSE OF DEATH Was as follows:  Contributory  (State or country)  PERTHPLACE  (State or country)  12 MANDEN NAME  OF MOTHER  OF MOTHER	Village or City rezelburg (No.	St.; Ward) a hospital or institution,
Sex 4 COLOR OR RACE MARRIED, Married Married White White Word (Word)  **Date of Birth March (Day) (Year)  **Tage   HEREBY CERTIFY, That I attended deceased from (Month) (Day) (Year)  **Tage   HEREBY CERTIFY, That I attended deceased from 1 day, hts. or mile?  **OCCUPATION (a) Trade, profession, or particular kind of work particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **OCCUPATION (a) Trade, profession, or particular kind of work was as follows;  **	FULL NAME Herry Ecka	rd of street and oumber.]
Married While Whole Wood of the word of th	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
BDATE OF BIRTH  March  (Month) (Day) (Year)  TAGE  It LESS than 1 day, mirs.  1 day, m	MARRIED, Married	(Month) (Day) (Year)
Much (Month) (Day) (Year)  Tage    It LESS than   day		11 10 - 0/5/ 11-
and that death occurred on the date atated above, as 2-352, m.  The CAUSE OF DEATH * was as follows:  The CA		0/000
The CAUSE OF DEATH* was as follows:  The CAUSE OF DEATH* of DEATH* of The CAUSE OF DEATH* of The CAUSE OF DEATH* of The CA		and that death occurred on the date stated above, a 2-350 m.
(a) Frade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  **BIRTHPLACE** (State or country)  10 NAME OF FATHER  11 BIRTHPLACE** (State or country)  12 MAIDEN NAME  OF MOTHER  13 BIRTHPLACE** OF MOTHER  13 BIRTHPLACE** OF MOTHER  13 BIRTHPLACE** OF MOTHER  14 DANK OF MOTHER  15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, Apace of death yrs, mos. ds. State yrs, mos. ds.  Where was disease contracted.  Where was disease contracted.	77 yrs. / mos. / 6 ds. ORmio.?	The CAUSE OF DEATH * was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer)  **BIRTHPLACE (State or country)  Carroll Co  (Secondary)  Contributory (Secondary)  Contributory (Secondary)  Contributory (Secondary)  Contributory (Secondary)  (Secondary)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (Signed)  (State or country)  Causes (State or country)	8 OCCUPATION (a) Frade, protession, or granticular kind of work	The same of the sa
Shirthplace (State or country) Carroll be    10 Name of Father 980, Eckurd   (Signed)	(b) General nature of industry, business, or establishment in	(Duration) /D yrs mos ds
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State or country) Sout Single State of Country Single State of Country) Sout Single State of Country Single State of Country) Sout Single State of Country Single State of Country Single State of Country) South Single State of Country Single State of Country Single State of Country Single State	10 NAME OF SEO. Eckurd	lat. Detail
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country)  14 THE ABOVE IS THE BEST OF MY KNOWLEDGE  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death yrs, mos, ds. State yrs, mos, ds.  Where was disease contracted.	of Father (State or country) Don't Dinew	*State the DISEASE CAUSING DEATH OF In deaths from Victoria
At place of death yrs, mos, ds. State yrs, mos, ds.  14 THE AROYS IS TRUE TO THE REST OF MY KNOWLEDGE.  Where was disease contracted.	S OF MOTHER 11	TAL, SUICIDAL, OF HOMICIDAL.
14 THE ABOVE IS THE BEST OF MY KNOWLEDGE Where was disease centracted.	OF MOTHER 20 1 0	At place In the of death yrs, mos, ds. State yrs, mos, ds.
If not at place of death?	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted.
(Intermant) Harvey 7, Eckard Former or usual residence.	(Intermant) Harvey I, Eckard	Former or
(Address) Westmister Ind 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL		19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Phill 28, 1915 & M. Shriver 20 UNDERTAKER ADDRESS	Filed Phil 28, 1913 8. W. Shriver	
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.		

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[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursults can be known. The question material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. For many occupations a single word or term on the tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indl-Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salcsman, For persons

Statement of cause of death—Name, first, the diberable causing death—In affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcintosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably mia," "PUERPEBAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the tbenia," "Anaemia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronia ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-"Collapse." "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritia zer" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-



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	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is important. See instructions on back of certificate.	-
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WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be pi Important. See instructions on back of certificate.	
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STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No lit death occurred in St.:....Ward) a hospital or institution. give Its NAME Instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. April MARRIED, P WIDOWED, MAY (Month) (Day (Year) Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH that I last saw h un alive on afont 10 1915 (Month) (Dav (Year) 7 AGE It LESS than and that death occurred on the date stated above at 5,15 am. 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... ? Themarica BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in (Duratioo) ...... which amployed (or employer) -----9 B!RTHPLACE (State or country) Contributory ... Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE ... 1915... (Address). OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER (State or country, ot death \_\_\_\_\_ yrs. \_\_\_ mos. \_\_\_ State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_ Where was disease contracted. it not at place of death?. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (mcrely symptomatic), "Atrophy," cer" is iess definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... ture of the American Medical Association.) "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (secondary or intercurrent) (name origin; "Can-State cause for



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N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Carroll	(1)
9.	Registration Dist, No.
Village or City Cood (No	St.; Ward)  St.; St.; Ward)  St.; St.; St.; St.; St.; St.; St.; St.;
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Jewale of Single,  MARRIED, WIDOWED, ORDIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17   HEREBY GERTIFY, That I attended deceased from
Och. 10th 1914	1915 to 01 1915
(Month) (Day (Year)	that I fast saw her alive on Company
3 1 day,hrs.	and that death occurred on the date stated above, at
S OCCUPATION	Man Carlot
(a) Trade, profession, or particular kind of work	Jasho-Cellerles
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs mos 3 (s.
9 BIRTHPLACE (State or country) Mary Lace	Gontributory Social Living Secondary
10 NAME OF John A. Englas	(Signed) Section OF M. D.
OF FATHER OF FATHER	apres 3191 8 (Address) Univatorh Ind
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  19 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  10 MAIDEN NAME OF MOTHER  11 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER  13 MAIDEN NAME OF MOTHER  14 MAIDEN NAME OF MOTHER  15 MAIDEN NAME OF MOTHER  16 MAIDEN NAME OF MOTHER  17 MAIDEN NAME OF MOTHER  18 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE Supra Mylos	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) Maryland	of death yrs mos ds. State yrs mos ds
14 THE ABOVE TS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
(Informant) the a. English	Former or usual residence
(Address diecord me	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed April 14, 1915 J. Edyand West	20 UNDERTAKER ADDRESS Leven Bridge
11 more blanks are needed, address State Regis	trar, 6 C. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, It is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, It should be used only when needed. For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: The 6

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ete., when a definite disease can be ascertained as the mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal scotichae-LENT DEATHS state MEANS OF INJURY and qualify as mus," "Old Age," "Shoek," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	1 PLACE OF DEATH 520	STATE OF MARYLAND CERTIFICATE OF DEATH
Co	unty Carroll	Registered No. 76
Vi	11age or GI'y Westminster (No. M. of.	St; Ward)  [If death occurred in a hospital or institution, give its NAME instead of atreet and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	MARRIED, WIDOWED, ORDIVORCED ORDIVORCED	16 DATE OF DEATH  (Month)  (Day)  (Year)
8 D	ATE OF BIRTH  4 /2	April 15 , 1914; to April 1 attended deceased from
	(Month) (Day) (Year)	that I last saw has alive on Africa 14 7, 1915.
<sup>7</sup> A	yrs. mos, 3. ds. ormin.?	and that death occurred on the date stated above, at
(a)	OCUPATION OTrade, profession, or ticular kind of work  Seneral nature of industry.	Implementary Deschoes
bus	Iness, or establishment in chemployed (or employer)	Gentributory
(8	PRTHPLACE (ate or country)	(Secondary) (Duration) yrs. mos. 3 ds.
S	FATHER Herfert Assich	(Signed) & Aller (Address) Trestruccuster lad
ARENT	(State or country) Carroll Caunty  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Δ.	13 BIRTHPLACE OF MOTHER (State or country) larroll bountly	16 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted.
	(Informant) Herbert Essich	it not at place et death?
15	(Address) Westminster mq.	Herfaria DATE OF BURIAL APR. 15, 1915.
File	REGISTRAR	James M. Storle Westmirde my
	If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Screunt, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication. as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. ness of various pursuits can be known. The question It should be used only when needed. the nature of the business or industry, and therefore an tion is very important, so that the relative healthful-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (a) the kind of work and also (b) Farmer or Planter, As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal ferer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "(Troup"); Typhoid ferer (never report "Typhoid menmonia"); Lobar pneumonia; Bronchopneumonia ("Treumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinoscia

cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Oid Age," "Shock," "Uraemia," "Weakness," ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neopiasms); Meastes; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mallgoma. Sarcoma: etc., of ... ture of the American Medicai Association.) injury, as fracture of skull, and consequences (e. g., which surgical operation was undertaken. "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory (Recommendations on statement of may be stated under the head (secondary or intercurrent) (name origin; "Can-State cause for Never report



PHYSICIANS should state

RECORD

A PERMANENT

so that it may be properly classified. Exact statement of OCCUPATION is very of certificate.

should be stated EXACTLY.

AGE

carefully supplied.

DEATH in plain terms, so that it may See instructions on back of certificate.

Every item of information should be CAUSE OF DEATH in plain terms, simportant. See instructions on back o

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1	PLACE	OF	DEAT
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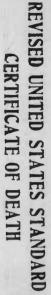
5203 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.,

St.; Ward)

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH  March 30, 1540  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  24 1915 to 94 2 1913, that I last saw h and alive on 94 2 1 2 1 1915.
7 AGE  75  yrs.  0 mos.  21  ds.  0R  min.?	and that death occurred on the date stated above, at 3 p. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work  (b) General nature of industry, business, or establishment in which employed (or employer)	Mefilial (Buration) yrs. 2 mos. ds.
10 NAME OF GEO. H. Farr	Contributory Mens Selection Secondary (Doration) Syrs most ds.  (Signed) Bernett, M. D.
12 MAIDEN NAME Apagdalena Frock	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
13 BIRTHPLACE OF MOTHER (State or country) Carroll for Bed  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mary Fary	At place  At place  of death yrs. mos. ds. State yrs. mos. ds  Where was disease contracted,  If not at place of death?  Former or
(Address) Janey town Red 15 Files Spril 33, 1915 MAB. Hagan Ive al MEGISTRAR	19 place of Burial or REMOVAL DATE OF BURIAL  Carrytown by d Chr., 1916.  20 UNDERTAKER  6. O. Friss & Son Langton by d
If more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a defiuite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Groeery; (a) Forcman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Cantheuia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequeuces (e. g., such, if impossible to determine defluitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," "Heart fallure," "Haemorrhage," "luanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-aeci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septiebue The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," State cause for Never report



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PHYSICIANS should state of OCCUPATION is very

that it may be properly classified. Exact statement

AGE should be

carefully supplied.

B.-Every item of information should be

See instructions on back of certificate.

9

DEATH in plain terms.

CAUSE OF

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stated EXACTLY.

RECORD

V. S. No. 1.

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County Dan Toll

age or City Aylesville

5204

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 7

St.;----Ward)

[if death occurred in a hospital or iostitution, give its NAME instead of street and nomber.]

\*FULL NAME Charles Celester Fisher

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Black (Write the word)	16 DATE OF DEATH OF 99 (Month) (Day (Year)
6 DATE OF BIRTH	1 HEREBY CERTIFY, That I attended degraced from
(Month) (Day (Year	100 250367 with
7 AGE   If LESS th 1 day,	and that death occurred on the date stated above, at 720 Pm.  The CAUSE OF DEATH * was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work  A Rouse	Mukam
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration)
9 BIRTHPLACE (State or country) Mangland	Secondary Secondary
10 NAME OF FATHER Chase Fisher	(8igned) (1) Higher ggz, 40.
OF FATHER (State or country)  12 MAIDEN NAME A	*State the Disease Causing Devil, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maulland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the graph of death yrs, mos. ds. State yrs, ds. ds.
(Informant) Ames Sheppers	Where was disease contracted, If not at piace of death?  Former or usual residence.
15 (Address) 3. Woodbine ned	HilleRock DATE OF BURIAL  May 1910
may 11-30 mc /1/1/ 1/1/51	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations who have no occupation whatever, write Nonc. cated thus: CAUSING DEXTH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupatious a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons return "Laborer," "Foreman," But in many As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. Exnant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



BINDING FOR RESERVED MARGIN

V. S. No. 1.

Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS N.B.

Coun	7 7.1.	STATE OF MAR CERTIFICATE OI Registration Dist	F DEATH
Villag	e or cityfew Windson (No. , 2 FULL NAME Infant F	Lisher 91; Ward)	[if death occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	F DEATH
m	ale White (Write the word)	16 DATE OF DEATH  (Month)  17   HEREBY CERTIFY, That   atte	(Day) (Year)
6 DA	(Monda) (Day) (Year)	that I last saw h	, 191
7 AGI		and that death occurred on the date sta	ted above, atm
par	yrs	The CAUSE OF DEATH * was as follow	s: M
bus	) General nature of ludustry Iness, or establishment in ch empleyed (or employer)	(Buretion)	yrs da
	State or country) New Windson Md.	Contributory Secondary (Sweller)	Yre. mos. de
	10 NAME OF Clyde O. Fisher	(Signed) January Han	Till M.
PARENTS	11 BIRTHPLACE OF FATHER (State or consuly)  Md.	State the DISEASE CAUSING DEATH, OF. CAUSES, State (1) MEANS OF INJURY; and (2) SUICIDAL OF HOMECIDAL.	in desths from VIOLENT 2) whether ACCIDENTAL,
PAR	12 MAIDEN NAMED OF MOTHER Edna C. Fisher	18 LENGTH OF RESIDENCE (FOR HOSPITALS, I	NSTITUTIONS, TRANSIENTS
	13 BIRTHPLACE OF MOTHER (State or country)  Md.	At piece in the ef deathyrsmeede. Stale,	yremesd
	(Informant) Clyde . Hisher	Where was disease contracted,  if not at placa of death?  Former or  wauat residence	
	(Address) Mus Upidson	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15 File	REGISTRAR	20 UNDERTAKER Mom	ADDRESS
	If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	

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[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autois provided for the latter statement; it should be used cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary firenian, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Housemaid, etc. -Coal mine, etc. Women at home, who are engaged in business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the Statement of Occupation-Precise statement of occupa-Compositor, For persons who have no occupation whatever, The material worked on may form part If the occupation has been changed If retired from The question

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, "unqualified, is indefinite); Tuberculosis of lungs, menu-

under the head of "Contributory." (Recommendations suicide. The pature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably state MEANS OF INJURY and qualify as ACCIDENTAL, mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," nephritis, etc. 'The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial on statement of cause of death approved by Committee and consequences (c. g., sepsis, tctanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths birth or miscarriage as "PUERPERAL septichurmia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be accertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Branrent) affection need not be stated unless important. "Tumor" for malignant neoplasms); Measles; Whooping on Nomenclature of the American Medical Association.) to determine definitely. Examples: Accidental drowning; "Puerperal peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasby railway train-accident; Revolver State eause for which Never report mere munou

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU, V.S.

RECORD

PERMANENT

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UNFADING INK-THIS IS

WRITE PLAINLY, WITH

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

N. B.

1 p	LAGE	OF	DEA	TH
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Village or City.

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.; Ward) [It death occurred in a hospital or institution, give its MAME instead

	FULL NAME Ralph & File	of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male While Single,  Married,  Widowed,  Ordiverced  (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Yesr)  17  I HEREBY CERTIFY, That I attended deceased from
6 0	OATE OF BIRTH  OLO. = 26 = 1914.  (Month) (Day) (Year)	that I last saw house allve on all 7 , 1915
7 A	If LESS 1han   1 day,	and that death occurred on the date stated above, st 3m, The CAUSE OF DEATH* was as follows:
(8	occupation a) Frade, profession, or articular kind of work	Countrions
bu: Wh	) General nature of industry, siness, or establishment to nich employed (or employer)	(Doration) yrs mos Z ds.  Contributory Gaetoo Enlevele:
S	10 NAME OF FATHER LEAD Q. Flening	(Signed) (Duration) yrs mos Z ds.  (Signed) W. Great M. D.  (Market M. D.  (Address) M. D.
ARENT	OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER (12 MAIDEN NAME)	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
P,	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the ot death
14-	(Interment) Char, J. Description	Where was disease contracted, If oot at place of death?  Former or usual residence.
15	7. (Address) 3. Woodbrice mpl.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL  Stengen M.E. Center 1 191
FI	11ed apr 9, 1915 - Jacob Farrer	20 UNDERTAKER ADDRESS

REGISTRAR

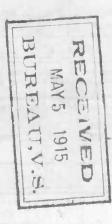
blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting If more

[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (g)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Dneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "Puerperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," (name origin; "Candeath), 29 ds.; "Exhaustion," Never report Examples: For vio-



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PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Carroll Registration Dist. No. [if death occurred in .....Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. ordivorceo (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) mos.... which employed (or employar) -----9 BIRTHPLACE Contributory Secondary (State or country) (Duration) 10 NAME OF FATHER (Signed) S 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or countres of death \_\_\_\_\_ yrs. \_\_\_\_ mos. \_\_\_ ds. State \_\_\_\_\_ yrs, \_\_\_\_ mos. \_\_\_ Where was disease contracted, 14 THE ABOVE IS If not at place of death?-Former or usuai residence. 19 PLACE OF BURIAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS REGISTEAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asoma, Sarcoma, etc., of...... (name origin; "Caneause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "l'uerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccte., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of



	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
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	Vittage of City M. Huntry	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. [If death occurred In
	2 FULL NAME Lidde Elize	St; Ward)  a hospital or institution give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Sex Color OR RACE MARRIE, MARRIE, MONOWED, OR DIVORCE (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
	Month) (Yay) (Year)	that I last saw h alive on $4-9-1915$ ,
	69 yrs. mos. 20 ds. OR min.?	and that death occurred on the date stated above, at. 3, 15'
7	(a) Trade, profession, or particular kind of work.  (b) General nature of industry,	2005
	business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Audonick	Contributory Cold Is Is Mos. 10 ds.  (Secondary)  (Ouration) yrs mos. 10 ds.
	10 NAME OF B Britfel	(Signed) Malerting wom MO.
	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accinental. Suicidal, or Homicidal.
	13 BIRTHPLACE OF MOTHER (State or country) Frederick Co.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death
	(Informant) E. S. Bankerd	Where was disease contracted, If not at place of death?  Former or usual residence
And the second s	16 Filed a fu 1.1916 J. Edward West Good REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADDRESS
	If more blanks are needed, address Stale Registrar, 6 E	. Franklin St., Balto., Requesting V. S. No. 1.

Orman Bridge



[Approved by U. 8. Census and American Public Health

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who have no occupation whatever, write None. been changed or given up on account of the disease gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g. such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronio interstitial acphritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. oma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or Intercurrent) (name orlgin; "Candeath), 29 ds.; "Exhaustion," Never report Examples:



#### of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very RECORD UNFADING INK-THIS IS A PERMANENT item of information should be carefully supplied. See Instructions on back of certificate. WRITE PLAINLY, WITH N. B.--Every Item CAUSE OF Important.

1 PLACE OF DEATH

5209

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

_St.;Ward)
------------

[if death occurred in a hospital or lostitution, give its NAME instead of street and number.]

2FULL	NAME	0/	au	11	 ayra	will	Tru	ycen	
					 //				

PERSONAL AND STATISTICAL PARTICULAR	MEDICAL CERTIFICATE OF DEATH
MARRIED, MOWED, ORDIVORCED ORDIVORCED (Write the word	Arried 16 DATE OF DEATH Off 9 , 1915
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I sttended deceased from  April 1915, to april 9 , 1918.
(Month) (Day	(Year) that I last saw hand alive on the 1915
12 4	If LESS than day, hrs.  The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	Tramatio Perstando.
(b) General nature of Industry, business, or establishment in which employed (or employer)	has tell information yrs. mos. 9 ds.
State or country) Maryland.	Secondary (Duration) yrs mos / 4 ds
10 NAME OF FATHER WHEN M. Frank	Clind (Signed) Constant M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDEN- TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Manyluss	At place In the of deathyrs, mos ds. Stateyrs, mos ds
(loformant) suther M. Frankley	Where was disease contracted, If not at place of death?  Former or usual residence.
16 M. Winy M	10 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL LANGUAGE OF BURIAL 1910.
Filed als. 10, 1915 Jacob Fars	ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

("Pneumonia," unqualified, is indefinite): Tubercu-lcsis of lungs, meninges, peritonaeum, etc., Carcinpneumonia"); Lobar pncumonia; Bronchopneumonia brospinal meningitis"); Diphtheria (avoid use of term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid

> oma, Sarcoma, etc., of..... (name origin; "Cansepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, ccr" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-

BUREA RECEIVED

should OCCUPATION PHYSICIANS RECORD PERMANENT pinous AGE Z supplied. pe ADING тау certificate. that 0 terms, should plain Instructions Information 2 DEATH of 0 Item mportant. Every Ite

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state Very PLACE OF DEATH

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registered No

St: .....Ward)

[If death occurred in a hospital or Institution. give its KAME instead of street and number. 1

MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. 4 COLOR OR RACE 3 SFY MARRIED, WIDOWED, (Month) Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 1)00 (Month) (Day) (Year) If LESS than 7 AGE and that death occurred on the date stated above, at 1-.40 Pm 1 day hrs. The CAUSE OF DEATH \* was as follows: OR ..... min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of Industry, business, or establishment la (Duration) 4 yrs mos which employed (or employer) ..... Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF 11 BIRTHPLACE 14. 191 3. (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ..... yrs. .... mos. .... State yrs. \_\_\_\_ mos. Where was disease contracted. KNOWLEDGE If not at place of death? ... usual residence. 19 PLACE OF BURIAL DATE OF BURLAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 B. Franklin St., Balto., Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indiof persons engaged in domestic service for wages, as should be taken to report specifically the occupations CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewijc, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman." Groccry; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the As examples: (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the death causation with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, perifonaeum, etc.. Carcinosis of lungs, meninges, perifonaeum, etc.. Carcinosis

injury, as fracture of skuli, and consequences (e. g. by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUST and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "Purpernal scotichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), "Dropsy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencla "Contributory." dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accimin," "Puerperal peritonitis," etc. State cause for "Collapsc." "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy." mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measics (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough: Chronio oma. Sarcoma. etc., of ... is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can "Exhaustion," Never report Examples:



PLACE OF DEATH 5211	STATE OF MARYLAND
County Carroll (56)	CERTIFICATE OF DEATH Registration Dist. No. 75
Village or City Melrose (No.	St; Ward) Alf death occurred in a hospital or institution,
* FULL NAME John Valentine	Savet give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White ORDIVORCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  1 HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  (Month) (Day) (Year)	that I last saw h alive on
7 AGE    11 LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
e occupation (a) Trade, profession, or parficular kind of work (b) General nature of industry, business, or establishment in	The fit during acute alcoholice  futorestions  (Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Pennsylvania	Contributory Chronie Alcoholism (Secondary)
10 NAME OF Edwie Garrett	(Signed) WRS Plumer Maniela to MA
11 BIRTHPLACE  COFFATHER  (State or country)  W  12 MAIDEN NAME  OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
of Mother Lieuda Dubbo  13 BIRTHPLACE OF MOTHER (State or country) Perusylvania	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place In the of death yrs, mos ds.
(Informant) WA CLUSTER MY KNOWLEDGE	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Della Della Della Secretaria Registala Regista	19 PLACE OF BURIAL OR REMOVAL  LOATE OF BURIAL  LOATE OF
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

"Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal cated thus: Farmer (retired 6 yrs.). For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The tion is very important, so that the relative Mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ageness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has "Foreman,"

Statement of cause of death—Name, first, the dibease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc... Carcinlossis of lungs, meninges, peritonaeum,

childbirth or miscarriage, as "Purperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably mia," "PUERPEBAL peritonitis," etc. State cause for "Hart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Condent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-"Exhaustion," Examples: For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY5 1915
EUREAU, V.S.

PLACE OF DEATH County Carroll	5212 STATE OF MARYLAND CERTIFICATE OF DEATH
Vittage or City Ly hemelle (No. Lynny	Registration Dist. No. 74  held State History: Ward)  Shorteth  Registration Dist. No. 74  [If death occurred is a hospital or institution, give its NAME instead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED, Musued Male  White  Write the word)	16 DATE OF DEATH Cefrel 7, 1915
6 DATE OF BIRTH - 1872	July 15 1914, to Caful 7 1915
(Month) (Day (Year)  7 AGE    If LESS than   1 day,hrs.   ORmin. ?	and that death occurred on the date stated above, at 125 Pm The CAUSE OF DEATH* was as follows:
particular kind of work  (b) General nature of Industry, business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  Poland	Contributory Secondary (Boration) Tributory Mos. ds.
10 NAME OF FATHER 2 Curhinoun  11 BIRTHPLACE OF FATHER (State or country) Polaced  2 Maiden NAME OF MOTHER  2 OF MOTHER	(Signed) Address Systematic M. D.  Aful 7, 1919 (Address) Systematic Ind  *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Poland	at place of death of yrs mos ds. State
(Informant) The story Share fell Herb Hogy	Where was disease contracted, if not at place of death?  Former or usual residence.  Balliner:
16 Filed apr, 9, 1915 W. W. Ritter	19 PLACE OF BURIAL OR REMOVAL  ALTREMOVAL  DATE OF BURIAL  CLAR 9, 1915  20 UNDERTAKER  ADDRESS  ALTREMOVAL  ADDRESS
AAUU	trac o E. Franklin St., Balto., Requesting V. S. No. 1. Mat





[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. "Manager," "Dealer," ctc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of agc. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mus," "Old Age," "Shock," "Uraemia," "Weakness," cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerreral septichaeetc., when a definite discase can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senilc," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



V. S. No. 1.

N.B.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state PDEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate. PERMANENT RECORD 4 WRITE PLAINLY, WITH UNFADING INK-THIS IS Every item of information should be CAUSE OF DEATH in plain terms, so important. See instructions on back of 1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No

[If death occurred is a hospital or Institution, give its NAME Instead

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  4 COLOR OR RACE  MARRIED, Widowed  Whole  ORDIVORCED  (Write the word)	16 DATE OF DEATH  (Month)  (Day  (Year)
July - 1851  (Month) (Day (Year)	17 I HEREBY CERTIFY, That I attended deceased from  Much 17, 191 5 to leful 1, 191 5  that I last aaw him alive on leful 1, 191 5
4GE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at
occupation (a) Trade, profession, or Salesman	Broncho Premioria
b) General nature of industry, usiness, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Many Land	Contributory Cerebral Loftening Centerio -
10 NAME OF Henry Germand	(Signed) (Duration) Streng more of the Color (Address) Se ferrelle he
OF FATHER (State of country) Generally  12 MAIDEN NAME OF MOTHER  12 MAIDEN NAME  OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)  Sermany	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  Al piace of death yrs. mos. /3 ds. State yrs. mos.
(Interment) History Springfuld State Hope	Where was disease contracted, If not at place of death?  Former or usual residence
(Address) Ty hearth Ind	19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  20 UNDERTAKER  ADDRESS
If more blanks are needed, address State Regis	Jas. R. Weer Suppille



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers Physician, Compositor, Architect, Locomotive engineer, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precisc specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) Civil engineer, Stationary froman, etc. But in many tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccre-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, ccr" is less definite; avoid use of "Tumor" for maliginjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as cause. ctc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. For vio-The contributory (secondary or intercurrent) Always qualify all diseases resulting Measles "Senile," etc.), may be stated under the head (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion," cause for



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN F. S. No. 1. N. B.-

1 PLACE OF DEATH	5214 STATE OF MARYLAND
county Carroll	CERTIFICATE OF DEATH
	Registration Dist, No.
Village or City Glen Falls No.	Ward)  [It death occurred in a hospital or institution, give its NAME instead
FULL NAME Mullon H	Gill of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fale Color or RAGE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Fiel 2 .001	
(Month) (Day (Year)	that I last saw h alive on, 191
7 AGE If LESS than	and that death occurred on the date stated above, atm,
2.3 yrs 2 mos 9 ds. or min.?	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or	belig som one by sout of their
particular kind of work dauge	mig That Man all A4
(b) General nature of Industry, business, or establishment in hu Janger Realing which employed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE	Contributory
(State or country) Carroll Co mo!	Secondary
10 NAME OF FATHER POLITICAL TO SOUTH	(Signed) yrs mos ds.
of 11 BIRTHPLACE	apr. 1.2, 1913. (Address) Festing 65
11 BIRTHPLACE OF FATHER (State or country) Carroll Cy MC  12 MAIDEN NAME OF MOTHER  CALLED TO BE BOLLED	*State the Disease Causing Death, or, in deaths from Violatical Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
a OF MOTHER Sama E Romen	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER	or RECENT RESIDENTS) Af place
(State or country) Lenna	of death yrs mos ds. State yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) & aura to gul	Former or usual residence
(Address) timbiling Ma	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Fled Ahrib-1915 Darah d Seitu	Finlasting Md april 13, 191 b
REGISTRAR	A to China Resolute
If more blanks are needed, address State Regist	the 6 E. Franklin St., Balto, Requesting V. S. No. 1.





[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations of persons engaged in domestic service for wages, as galnfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when necded. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupamany occupations a single word or term on the If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronie "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus." "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustlon," State cause for Never report Ex



V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

1 PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH Registered No. 74
Village or City Eldersburg (No.	St; Ward)  [It death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temale Coule Single, Married Wildowship Married (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH  ALC. 18, 1858. (Month) (Day) (Year)	that I last saw hear alive on afer 5, 1915
TAGE  It LESS then 1 day,hrs.  Soccupation (a) Trade, profession, or House wife particular kind of work	and that desth occurred on the date stated above, at 12 P. m The CAUSE OF DEATH* was as follows: Chr. Variushymatous refurites
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	Contributory (Secondary)
OF TATHER Scraef S. Parp  11 BIRTHPLACE OF FATHER (State or country) Maryfand  12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed) Market Mos. ds  (Signed) Market Mos. ds  (Signed) Market Mos. ds  (Signed) Mos. ds  (Signed) Mos. ds  (Address) Poolyte Mod. deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
of Mother Rachel In Barnel  13 BIRTHPLACE OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS)  At place In the of death yrs mos ds. State yrs mos ds  Where was disease contracted,
(informant) Milton D. Fall	If not at place of death?  Former or  usual residence.
(Address) Systemille Md.  16 Filed 4-5, 1915 WW. Retter	19 BLACE OF BURIAL OR REMOVAL  St When Cometery over & Open 6., 1915.  20 UNDERTAKER  S. Hillsinger Hon Collicost City
If more blanks are needed, address State Registre	ar, 6 E. Franklin St./Balto., Requesting V. S. No. 1.



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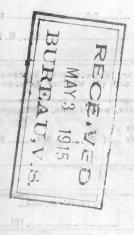
### REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many l'hysician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, Farmer or Planter, As exampies: For persons "Foreman,"

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere"Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Trocunonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

Accidental drowning; Struck by railway train-acct such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," genitai," thonia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritts. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopneumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of .... The contributory (secondary or intercurrent) "Senile," etc.), "Dropsy," "Exhaustion," (name origin; "Can-State cause for Examples:



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OCCUPATION IS PHYSICIANS RECORD 50 statement ENT EXACTLY PERMAN Exact ated 4 classified pe S pinous THIS AGE supplied. DING may certificate. that 0 back terms, pinous plain Instructions Information -DEATH Jo 9 mportant. Every It m

state

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.... If death occurred in Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE MARRIED, Widowel WIDDWED, WIDDWED, ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended decessed from 17 6 DATE OF BIRTH alive on..... (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at... 1 day .....hrs. The CAUSE OF DEATH \* was as follows: OR ..... 7 BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment In (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory.... (Secondary) (Ogration) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) \_\_\_\_\_ yrs. ..... mos. ..... ds. State ..... yrs, \_\_\_\_ mos. ... Where was disease contracted. if not at place of death? Former or usual residence OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not material Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industy; and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indiworked on may form part of the second Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichae-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chrowin ver" is less definite; avoid use of "Tumor" for malk "Contributory." oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," (name origin; "Can-"Exhaustion," Never report da.;



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state See OF

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No [It death occurred is St.:----Ward) a hospital or institution, give its NAME Instead of street and nomber. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED. (Day ORDIVORCED (Write the word) (Year) attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at. t day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA. OR RECENT RESIDENTS) 13 BIRTHPLACE At place io the OF MOTHER (State or country) of death \_ yrs. ..... mos. .. State Where was disease contracted. It not at place of death?-Former or osual residence REMOVAL DATE OF BURIAL

> 20 UNDERTAK REGISTRAR

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatemeut. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Never return "Laborer," "Foreman," As examples: The (4)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "Purprenal peritonitie," etc. State cause for childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shock," "Uracmia," "Weakness," "Heart failure," "Haeworrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequeuces (e. g., by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as cte., when a definite disease can be ascertained as the genital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Never report



XACTLY PHYSICIANS should state statement of OCCUPATION is very RECORD

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WRITE PLAINLY.

S. No.

STATE OF MADVIAND

County Cassoll	CERTIFICATE OF DEATH
(A. (1 22)	Registered No.
Village William Sulland	St; Ward)  [It death occurred in a hospital or institution, give its NAME instead of street and number.]
<sup>2</sup> FULL NAME JUNIA CHIM	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED	16 DATE OF DEATH  (Month)  (Year)
DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw h & allve on Assis 4, 1915.
7 AGE (MORILI) (Day) (Tat)	and that death occurred on the date stated above, at 630 Pm,
78 yrs. 4 mos. 20 ds. OR min.?	The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	Oralvulas
(b) General nature of industry, business, or establishment in which employed (or employer)	heart diseas Quration) 3 yrs mos ds.
9 BIRTHPLACE (State or country) Fredrick and	(Secondary) (Ouration) 2 yrs 305
10 NAME OF PATHER PASSIFF OF	(Signed) Jewis Wetel, M. D.
11 BIRTHPHACE OF FATHER (State or country) Ina sdale to	State the Disease Causing Dearns or, in deaths from Violent
M 12 MAIDEN NAME OF MOTHER	CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)  Makenoun	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
	Where was disease contracted

Former or

REGISTRAR

	OR RECENT RESIDENTS)		In the			
1	of death yrs mos	ds.	State	yrs,	mos	ds.
	At place of death yrs mos Where was disease contracted, If not at place of death?					

					_
19 PLACE	OF I	URIAL	OR	REMOVAL	1

LACE OF BURIAL OR REMOVAL	DATE OF BURIAL
0 0 10	10. Vr
4 fres Aug Isan	Mary / 19

20 UNDERTAKER		Á	DDRESS
FO-1 CA	y. De	1	1
van.	non	V	mor

If more blanks are needed, address State Registrar, 6 c. Franklin St., Balto., Requesting V. S. No.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations nine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care fication. as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salcsman, cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," If the occupation has Farmer or Planter, As examples: For persons

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia." unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the ample: Measics (disease causing death), 29 ds.; oma. Sarcoma. etc., of ... cause of death approved by Committee on Nomenclainjury, as fracture of skuil, and consequences (e. 8. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." scpsis, tetanus) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Examples:



V. S. No. 1.

N. B.—Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

=

1 PLACE OF DEATH	5219 STATE OF MARYLAND
County Carrall (10)	CERTIFICATE OF DEATH
County	Registration Dist. No.
Village or City Lyxcarille (No. Mani	Theel State Sk. (Sward) a hospital or institution,
FULL NAME Charles A.	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mall White the word	16 DATE OF DEATH  (Month)  (Day  (Year)
DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
sukura, 1	that I last saw h alive on which 24 1915
(Month) (Day (Year)  AGE   If LESS than	and that death occurred on the date stated above, at 3-3 0 Q m.
40 yrs mos or or min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION (a) Trade, profession, or Carden for Carden	
particular kind of work (b) General nature of Industry,	General Jeraly and The many
business, or establishment in which employed (or employer)	(Duration) / yrs mos as.
9 BIRTHPLACE (State or country) Pa	Contributory Secondary
10 NAME OF FATHER	(Signed) A statement of the control
11 BIRTHPLACE OF FATHER	april He, 1915 (Address) Syland her
(State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	Ai place of death yrs
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Bally Cet he
(Informant) Another ends	Former or usual residence Ballo Cif In
(Address) Syllowill S	19 PLAGE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed apr. 76, 1915 Warretty	20 UNDERTAKER ADDRESS
If more blanks are needed address State Position	Jes Mels Superille MIA
at more madas are needed, address State Regis	rap, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



#### 0

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; who have no occupation whatever, write Nonc. eated thus: Parmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, ete. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many oecupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, such, if impossible to determine definitely. Examples: mia," "l'uerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaecause. Always qualify all discases resulting from ete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Senile," etc.), (Recommendations on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion,"



V. S. No. 1.

0.6		1 PLACE OF DEATH	STATE OF MARYLAND
A T	0	Passoll -	CERTIFICATE OF DEATH
CIAN	Coun		Pasistration Dist No. 74
YS			Registration Dist. No.
PHY t sta	Villag	go or City Recorde (No. 1977), sf	efa Hospital St.; Ward) [If death occurred in a hospital or institution,
× ×		for I all the	give its NAME Instead of street and number.
57		2 FULL NAME COLZ abell & Med	arne ut street and number.
Tred		PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SS E	3 SE	X 4 COLOR OR RACE 5 SINGLE, MARRIED, M. A.	16 DATE OF DEATH Chril Sth 1915
y ci	Fu	male White WIDDWED Indone	(Month) (Day) (Year)
nould be st be properly certificate	6 DA	TE OF BIRTH	Desteurber 23 1914 to april 8th 1915.
prop		thekwoon 1832	
		(Month) (Day) (Year)	that I last saw h M alive on Writ 9th, 1915,
0 × 0	7 AG	If LESS than 1 day,	and that death occurred on the date stated above, at 7.422 m.
AGE it ma back		83 yrs. mos. ds. OR min.?	The CAUSE OF DEATH * was as follows:
hat i	6 00	CUPATION	The state of the bridge and
(a) Trace, profession, or particular kind of work  (b) General nature of industry			Several arterio Asterosis
			Lukurur
run.	Whi	ich employed (or employer)	(Ouration) yrs. mos. ds.
n te inst	9 BI	RTHPLACE (State or country)	Secondary
e a a		10 NAME OF	(Buration) yrs mos ds.
2 5		FATHER Unknown	(Signed) who horfolk Motors M. O.
EATH portant.	S	11 BIRTHPLACE	april 8 1815 (Address) SI Hosp & glasville. no
Sh Por	F	OF FATHER (State or country) angland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.
in in	PAR	12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
SE O	1	13 BIRTHPLACE	OR RECENT RESIDENTS) At place In the Luptown
for US US is v		OF MOTHER (State or country)	of daath yrs. 6 mos. 6 ds. State, yrs. mos. ds.
CAN	14 TH	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Balto Re-Md
Every item of should state (OCCUPATIO		(Informant) Mrs amelia Phillips	Former or Bully Cv. Ma
d st		(Address) 217 Brookfield are Balto.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Every		(Address)	Littlestoren en aprel 9, 1916
m # O	15	ahis 9 5 2111/18/1/31	20 UNDERTAKER ATT ADDRESS
œ.	700	Lacal REGISTRAR	Lois TR Weer Rykenville
Z		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1. Mod
			WELL SELECTION OF THE PROPERTY





[Approved by U. S. Census and American Public Health Association.]

E yrsd. For persons who have no occupation whatever business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Serront, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Duy laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed mobile factory. mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autois provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing death—the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia. Brunchopmeumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic vulvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., ef.. on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations surgical operation was undertaken. For violent deaths etc., when a definite disease can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull head-homicide; "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Tumor" for malignant neoplasms); Measles; Whooping fig Always qualify all diseases resulting from childrailway train-accident; Revolver wound of The contributory (secondary or intercur-Poisoned "Puerpenal sephiehaemia, by carbalic acid-probably

If this certificate is looked over thoroughly and all quostions answered in detail it will prevent further correspondence. All the data a convential and must be obtained before the certificate is permanantly filed.

GEATED BY MED. Ind. mid and mi

7. S. No. 1.

RECORD	PHYSICIANS should state of OCCUPATION is very	
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	
	z	

Village or City Pleasant Valley (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 9.72  [If death occurred in a hospital or institution, give its NAME lostead of street and oumber.]
FULL NAME Nayume Aun	MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
Female Phile - SBINGLE, MARRIED, MAGNE ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH	may 19 1914, to Mil 2 4,915,
(Month) (Day) (Year)	that I last saw her alive on life 18 4 , 1915
7 AGE  73 yrs. 3 mos. /5 ds. or. mio.?	and that death occurred on the date stated above, at LOVE m, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Frade, profession, or Low	
particular kind of work	confluenca
(b) Geograf nature of Industry, business, or establishment in which employed (or employer)	Duration) Trs. mos. & ds.
9 BIRTHPLACE (State or country Carrolles Mid	Contributory Cerebial (Secondary) (Deration) yrs mas 2 as.
10 NAME OF Peters 30 M/h	(Signed) S. Dewis Wetzel M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland	State the Disease Causing Death, or, in deaths from Violent
Z (State or country) Maryland  12 MAIDEN NAME OF MOTHER CARROLLE Millione	CAUSES, STATE (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Mary Raud.	At place In the of death yrs mos ds. State yrs, mos ds.
(Informant) I The My KNOWLEDGE	Where was disease contracted, If not at place of death? Former or
(Address) Westminister mid	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Spril 26, 1915 John W. Humbert REGISTRAR	Fleoraut alley Reeue April 27, 1915— 20 UNDERTAKER ADDRESS Facures . M. Stoner Westminst-
If more blanks are needed, address State Registra	1 the second





[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specicated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," As examples: For persons "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia unqualified, is indefinite); Tudercutosis of lungs, meninges, pertionaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned LENT DEATHS state MEANS OF INJUST and qualify as mus," "Old Age," "Shock," "Uraemia," "Weakness," "A part failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chrond ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of . The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-Examples:



V. S. No. 1.

N. B.—Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD 50 1 PLACE OF DEATH

Carrole



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 74

[If death occurred in

a hospital or lostitution, give its NAME instead of street and oumber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fer Ter	nale White Single, widowed, Single or option of the word)	16 DATE OF DEATH And 2 nd ,1915 (Month) (Day (Year)
6 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I sttended decessed from
-	Unknown 1853	angust 28 th 1915, to april 2 na 1915.
	(Month) (Day (Year)	that I last sew h & alive on april 2 nd 1915
7 AG	(2011)	and that death occurred on the date stated above, at 1.20 P.m.
	64 yrs mos os or min.?	The CAUSE OF DEATH* was se follows:
	CUPATION	Chromic Parenchymatous Nephrites
	frade, profession, or Avne	malow (charles)
	General nature of industry,	Jenkuron
busin	ess, or establishment in	(Duration)yrsmosts.
_	n employed (or employer)	Contributory
(	State or country) Md.	Secondary
	10 NAME OF Comanuel Herr	(Signed) John Nonfock Morris, M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country)  Pa.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
PARENT	12 MAIDEN NAME OF MOTHER Uma Espenshead	TAL, SUICIDAL, OF HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country)  Pa.	or RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS)  At place / yrs. 8 mos. 5 ds. State 64 yrs. mos. de
	NE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  NOTWAND H. HEN	Where was disease contracted, Mestmuster Ind.  Former or usual residence Mestmuster, Ind.
	(Address) Westmuster, Ma.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Filed	april 2, 1815 Jow Fifter	Palmust grule 4, 1915  20 UNDERTAKER  ADDRESS  Washington
	Aucal REGISTRAR	trar, 6 E. Franklin St. Batto, Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutsis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "Puerperal peritonitis," etc. State cause for "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichacctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of "Dropsy," "Exhaustion,"



UNFADING INK-THIS IS

WRITE PLAINLY, WITH

PERMANENT RECORD

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152	1 PLACE OF DEATH	STATE OF MARYLAND
Ve	County Carroll	CERTIFICATE OF DEATH
uld is	County Carray	m M
ON O		Registration Dist, No.
ANS	Village or City Thurs Sudja (No	St.; Ward) [It death occurred in a hospital or institution,
IYSICI	2 FULL NAME Mary Elicat	sthe Issales give its NAME instead of street and number.]
ent of	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
5.6	3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH
Stal	The white whores or	(Month) (Day (Year)
H to	(Write the word)	17 I HEREBY CERTIFY, That I attended deceased from
Exa	6 DATE OF BIRTH	4-17-1915 to 4-27-1915.
e st	(Month) (Day (Year)	that I last saw h A allyson 4-37-1915
d b	7 AGE If LESS than	and that death occurred on the date stated above, at 4.15 Q.m.
clas	1 8 8 1 day,hrs.	The CAUSE OF DEATH* was as follows:
is y	yrsas.   ORmin. ?	Tubundar Muningitis.
A C E	OCCUPATION (a) Trade, profession, or	
- a	particular kind of work	
belle	(b) General nature of Industry, business, or establishment in	(Duration) yrs mos ds.
may e.	which employed (or employar)	
IIIy It ficat	(State or country) Corrole Co Tud	Secondary 4
that	10 NAME OF	(Ouration) yrs mos ds.
000	FATHER Edward R Hessley	(Signed) The deliber 15 rown, M. D.
o . v	O 11 BIRTHPLACE	4/27, 191 (Address)
erm ba	Z (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
S or	C 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
pla ion	of Mother-Gertrude 6 mortin	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
na -	OF MOTHER (State or country) Corroll Co Zud	AT place In the
TH		of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted,
DE	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
t OF	(Intornam)	Former or usual residence
SE rtan	(Address) Zurious Bridge and	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
AUS	16 (-0 -0 0	Mountain Virer Com 4-29 1915
HO T	Filed 4/29 19 Leslie Crops	20 UNDERTAKER ADDRESS
2	Desputy REGISTRAR	7. g. Shrines ruces Dred
	If more blanks are needed, address State Regist	rar, & E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question been changed or given up on account of the DISEASE who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," As examples: (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railreay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping coughs Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

MAY 1 1915

BUREAU, V.S.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

N.B.

	5224
1 PLACE OF DEATH	STATE OF MARYLAND
county Carroll (1)	164 CERTIFICATE OF DEATH
County Carract	Registration Dist. No
71. + -	Registration Dist, No.
Vittage or City Nextmunter (No.	St.; Ward) [If death occurred is a hospital or inclination
£.01 K	give its NAME instead
FULL NAME Melder fra	ufflew // Ling of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RACE SINGLE,	16 DATE OF DEATH M. 1 1ST 1016
male white widowers, or Divorgers (Write the word)	(Month) (Day (Year)
	17 I HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH	Just 1915 to Africe 1 set 1915
(Month) (Day	(Year) that I last saw house allve on Adams 1 18
	(ACAL)
12.	her
yrs mos or or	The CAUSE OF DEATH* was as follows:
OCCUPATION (a) Trade, profession, or	Sphim are Deat
particular kind of work	A. T. Jo. Darlin burker burker
(b) General nature of Industry, business, or establishment in	***************************************
which employed (or employer)	(Duration) yrs. 3 mos. ds
BIRTHPLACE (State or country)	Contributory Secondary
arrolleo Mid	(Ouration) vrs. mos. ds
10 NAME OF FATHER	(Signed) & House I V terment
arrand T, Rice	g by the Man
11 BIRTHPLACE OF FATHER O	Africa 1915 (Address) Led remerter led
OF FATHER (State or country Anolleo Ma	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
12 MAIDEN NAME OF MOTHER	TAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS
OF MOTHER (State or country panel (se)	At place in the
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death
Got F 10 '	if not at place of death?
(Interment) Let / Lung	Former or usual residence
(Address) Nestrucceter	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
6 A A- A- A-	5 Benjamins Cem April 3 1915
2/11 324 - 70 1/11	
Filed Christ of 1910 - Och Shrives	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculessis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from genital," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Candent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. Never report is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Measles (discase causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion,"



	PHYSICIA	t statemen	
WRITE PLAINLY, WITH UNFADING-INK-THIS IS A PERMANENT RECORD	very item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIA	hould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen	OCCUPATION is very important. See instructions on back of certificate.
WRITE	item of inform	d state CAUSE	JPATION is ve
	very	houl	SCCL

522 STATE OF MARYLAND 1 PLACE OF DEATH N S T O T CERTIFICATE OF DEATH County and Registration Dist. No. Village or City Sy Kuswelle Lif death occurred in a hospital or institution. give its NAME Instead of street and number. ] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE WIDOWED OR DIVORCED I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) if LESS than 7 AGE and that death occurred on the date stated above, at 1 day, hrs. min. ? Chrome interstitual wellstrike 8 OCCUPATION Cleaving valuela heart disease particular kind of work Ilmual house work (b) General nature of industry (Duration) ways 9 mos. business, or establishment in which employed (or employer) Emual osterio achlavais 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Address) J. J. Hosh. S 11 BIRTHPLACE RENT \*State the DISEASE CAUSING DEATH, or, in deaths from LIGHT OF FATHER (State or country) CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER PA 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, 13 BIRTHPLACE in the about At place OF MOTHER State, ... 7./ ... yrs. ... yrs. 9 mos. ds. (State or country Where was disease contracted, Unpuron 14 THE ABOVE IS TRUE TO THE If not al place of death usual residence / Suntano lown Calvert lo Med (Address' 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 W. Saratoga St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health
Association.]

6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question taken to report specifically the occupations of persons "Foreman," "Manager," "Dealer," etc., without more know (a) the kind of work and also (b) the nature of the first line will be sufficient, e. g., Farmer or Planter, Physition is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in Never return "Laborer," If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, telanus) may be stated SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness." ges, perilonarum, etc., Carcinama, Sarcoma, etc., of . . . . . . on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by Struck by railway train-accident; Revolver wound of state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent neaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the lapse," "Conna," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valeular heart disease; Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of "Anaemia" Always qualify all diseases resulting from child-(merely symptomatic), "Atrophy," "Colona," "Convulsions," "Debility" ("Con-(secondary), 10 ds. The contributory (secondary or intercurcorbolic acid-probably Never report mere



1 PLACE OF DEATH	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH Registration Dist. No. 74
VIIIage or City Sykesselle (No. Shung) 2FULL NAME Louis It Klus	Jose 11
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male White Single, MARRIED, Lingle ORDIVORCED (Write the word)	16 DATE OF DEATH afril (Month) (Day (Year)
Month) (Day (Year)	that I last saw have alive on affect 19 1915
7 AGE   It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work.  (b) General nature of Industry,	Broncho Preumonia
business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country)  7 Mary land	Contributory Chance alpholision Secondary
10 NAME OF FATHER Locus It Hleich  11 BIRTHPLACE OF FATHER (State or country) Permay brawa  12 MAIDEN NAME OF MOTHER  OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER  OF MOTHER  (State or country)  Pennsy francy	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place of death 6. yrs. 0 mos. 4 ds. State 100 mos. 0s
(Informant) Heating Jung field Stule they	Where was disease contracted, If not at place of death?  Former or usual residence. Baltimare Tank
(Address) Ly Kernelle Ind  15 Filed Apr. 21, 1915 WWRitter  LY CAR REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER  ADDRESS
	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. eated thus: Farmer (relired 6 yrs.) For persons ness. If retired from business, that fact may be iudi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Colton mill; (a) Salesman, (b) Never return "Laborer," As examples: "Foreman,"

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childbirth or miscarriage as "Puerperal seplichaecause. Aiways qualify ail diseases resulting from etc., when a defiuite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERFERAL perilonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Tieart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) telanus) may be stated under the head of Measles "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; For vio-



V. S. No. 1.

	County Carroll  /illage or City Typesville (No. epringfe	CERTIFICATE OF DEATH  Registration Dist. No. I    La Hosfutal St.; Ward)  [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	2 FULL NAME (lare oring.	or street and additions?
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Finale White Single, Married Wilsowed OR Olivorced (Write the word)	16 OATE OF OEATH  (Month) (Day) (Year)
	Manth) (Day) (Year)	that I last saw h M alive on afril 17 1915
	3 / yrs. // mos. 3 ds.   If LESS than 1 day, hrs.   OR min. ?	and that death occurred on the date stated above, at 6.750 m. The CAUSE OF DEATH * was as follows:
***	GOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Ucute John Pneumoma
	Dusness, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER Quukuwwn  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER Uukuwwn  13 BIRTHPLACE OF MOTHER (State or country)  4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  4 Address) 9 2 2 5 Kenwoodlave Baltohd  (Address) 9 2 2 5 Kenwoodlave Baltohd	(Signed) John Morfolk Morris . M. O.  (Signed) John Morfolk Mo
-	Filed 4 181 5 WWW. REGISTRAR  A If more blanks are needed, address State Registrar,	20 UNDERTAKER AOORESS  DUILLEUR DE LE
	d	Mo.

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STATE OF MARYLAND

1 PLACE OF DEATH



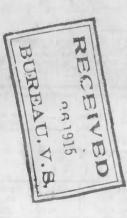
[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (relired state occupation at beginning of illness. of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Duy luborer, Farm laborer, Laborer mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grovery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Houseis provided for the latter statement; it should be used business or industry, and therefore an additional line engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa--('oal mine, etc. For persons who have no occupation whatever, Women at home, who are engaged in Locomotive engineer, If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-



and consequences (e. g., sepsis, tetonus) may be stated head-homicide; Poisoned by state means of injury and qualify as accidental, suicidal, or homicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deatus mus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." Struck by railway train—accident; Revolver wound of "Puerperal peritonitis," etc. birth or miscarriage as cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "luanition," "Marasgenital," "Senile," "Anaemia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. cough; Chronic valendar heart disease, Chronic interstitud "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sorcoma, etc., of..... "Coma," The nature of the injury, as fracture of skull, (merely symptomatic), "Atrophy,' oma," "Convulsions," "Debility" The contributory (secondary or intercuretc.), "PUERPERAL septichaemia," "Dropsy," "Exhaustion," State cause for which corbolic acid-probably Never report mere "Atrophy," (Recommendations ("Con-



UNFADING INK-THIS IS

carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OGCUPATION is very

DEATH in plain terms, so that it mi

Every Item of information should be CAUSE OF DEATH in plain terms, s

00

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Important.

RECORD

PERMANENT

WRITE PLAINLY, WITH

#### 1 PLACE OF DEATH

County Carroll Co.

Village or City Walnut Froze (No.



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

...St.;....Ward)

[If death occurred in a hospitat or institution, give its NAME instead of street and oumber.]

Taneytown, md

PERSONAL AND STATISTICAL PARTICULARS  MEDICAL CERTIFICATE OF DEATH  COLOR OR RACE  MARRIED, MORTIO  WIDOWED, ORDIVORCED ORDIVORCED (Write the word)  To the part of the last saw have alive on the data stated above at the death occurred on the data stated above at the data stated at the data state	, 1915 (Year) deceased from
MARRIED, MOTTO & WIDOWED, WORDED, ORDINORCED ORDINORCED (Write the word)  17 I HEREBY CERTIFY, That I attended of Month) (Day (Month) (Day (Year)  That I last saw have alive on 2412	
OMOnth) (Day (Year) that I last saw have alive on 2/1/2	Ly, 191.5.
Tacs	
and that death occurred on the date stated above, at.,  1 day,hrs.  ORmin.?	1 P; m
(a) Trade, profession, or particular kind of work farmer	umon
(b) General nature of Industry, business, or establishment in which employed (or employer) (Ouration)	mos 5 ds
9 BIRTHPLACE (State or country) Carroll Go. Wd.	
(Signed) Caracle (Signed) (Sig	s from VIOLENT
13 BIRTHPLACE OF MOTHER (State or country) Caroll Co,  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) May John Henry hearder!  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OF RECENT RESIDENCE)  In the of death yrs mos ds. State yrs  Where was disease contracted, if not at place of death?  Former or usual residence.	mos ds
	F BURIAL . 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthfulshould be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meutingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Collapse," "Coma," "Couvulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," affection need not be stated unless important. uant neoplasms); Measles; Whooping cough; Chronic LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUIGIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae "Heart failure," "Haemorrhage," "Inauition," "Maras Bronchopneumonia (secondary), 10 ds. "Contributory." by carbolic acid-probably suicide. The nature of the The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from (Recommendations on statement of etc.), State cause for Never report



1 PLACE OF DEATH County Arrall	5229 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Rusevilles Mro. West	give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male. White Private (Write the word)	(Monyh) (Day (Year)
6 DATE OF BIRTH  (Month) (Day (Year)	that I last ssw h Lonalive on afw. 10, 1915
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 8.45a. m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work.	
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  Manuflant	Gontributory Astherna, Secondary
on 11 BIRTHELACE  10 NAME OF JUNE 1. Morrow	(Signed) Codg av M. Dansy, M. D
11 BIRTHPLACE OF FATHER (State of country)  Mayland.  12 MAIDEN NAME TURNSTON.	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds
(Informant) Aug Ellew Monrow	Where was disease contracted, If not at placa of death?  Former or usual residence
Flied 4/12. 1915. D. O. Baltord	PLAGE OF BURIAL OR BEMOVAL COM DATE OF BURIAL  FIRE April 14, 1915  20 UNDERTAKER BOSSON ADDRESS
of more blanks are needed, address State Regis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But ln many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing nearly (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"): Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-Bronchopncumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inaultion," "Maras-The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for



should state

PHYSICIANS

of OCCUPATION IS VELY

Exact statement

properly classified.

DEATH in plain terms, See instructions on back

Important.

15

-Every Item of Information CAUSE OF DEATH in pial

8

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AGE

stated EXACTLY.

#### V. S. No. 1.

1 PLACE OF DEATH

Carroll



#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist, No.

Village or City Sykesville (No. Springfield State Hort St.; 6

heavelle med

[if death occurred in a hospital or institution, give its NAME instead of street and number.]

DATE OF BURIAL

ADDRESS

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
35	Male White Single, Married, Widowed, Wildowed, Write the word)	(Month) (Day (Year)
7 <sub>A</sub>	(Mouth) (Day (Year)	20
	7 6 yrs mos ds OR min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
(a pa (b) bus	OCCUPATION  Trade, profession, or Saveling Salesure  riticular kind of work  General nature of Industry,  siness, or establishment in  ich employed (or employer)	Carcline Delation Ludden  (Duration) yrs. mos. da
98	(State or country) Talbot Co. Ind	Secondary Chronic Mayocurdelis (Buration) Hysky more was
	10 NAME OF FATHER Unknown	(Signed) CD Hamilton, M. D
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
4	OF MOTHER Unknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

If not at place of death?

20 UNDERTAKER

OF BURIAL OR REMOVAL

usual residence



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never retnrn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the msease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," magnalified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the genital," thre of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS. OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitie," etc. State canse for childbirth or miscarriage as "l'uerreral schiichae cause. Always qualify all diseases resulting from mns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debillty" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastcs affection need not be stated nnless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancanse of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fraeture of skull, and consequences (e. g., is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) "Scnile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of (disease cansing death), 29 ds.;



	PLACE OF DEATH 5231	166/0
	Village or City Pleasant Villey,	(C)
	FULL NAME Carroll E.	myerl
	PERSONAL AND STATISTICAL PARTICULARS	ME
35	Male White (Write the word)	16 DATE OF DEAT
6 0	OATE OF BIRTH  (Month)  (Day)  (Year)	that I last saw home
7 A	GE   If LESS than 1 day,	and that death occurrence of DE
(a pa (b) bus	CCUPATION  1) Frade, profession, or  articular kied of work	Parlm
9 B	Grate or country) Carroll	Contributory (Secondary)
ARENTS	11 BIRTHPLACE OF FATHER (State or country) Carroll  12 MAIDEN NAME OF MOTHER	(Signed)
14-	13 BIRTHPLACE OF MOTHER (State or country) Carroll Co THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RES OR RECENT RESIDE At place of death yrs, Where was disease conti
	(Intermant) David & myssy  (Address) Pleasant Valley mid	It not at place of death? Former or usual residence
15	01 10 may = 5 0/10 Mills	Streles

STATE OF M	IARY	LAND
CERTIFICATE	OF	DEATH

Registration Dist	. No. 16
St.;Ward)	[it death occurred is a hospital or institution

of street and number.]

ICAL CERTIFICATE OF DEATH

16 DATE OF DEATH	April	6	1912-
	(Month)	(Day)	(Year)
	Y CERTIFY, That I		
Jan 125	1913 to A. france	56	1913
that I last saw home	live on April	6=	, 1916.
and that death occurred	on the date stated ;	above, at	//- m.
The CAUSE OF DEATH			7
***************************************			
Calmone	7 Julian	leses	
	********************************	************	
······································	(Duration)	yrs. 3 m	osds.
Contributory(Secondary)			***************
	(Deration)	yrsm	osds.
(Signed) Shum	Stewa	it	
	(Address) Lies to		
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOM	NS OF INJURY: and	deaths from (2) whether	VIOLENT ACCIDEN-
18, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,			-

19 PLACE OF BURIAL OR REMOVA	AL DATE OF BURIAL
Former or	
Where was disease contracted, It not at place of death?	
of death yrs mos ds.	State yrs mos
At place	In the
OR RECENT RESIDENTS)	- · ·

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speci-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative mealthfulminc, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the diskase causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lodar pneumonia; Bronchopncumonia ("Pneumonia," unqualified, is indefinite); Tubercutorists of lungs, meninges, peritonaeum, etc.. Carein-

such, if impossible to determine definitely. Examples: childbirth or miscarriage, as "Purperal septichaeture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scosis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritia nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_\_ The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (disease causing (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Candeath), 29 ds.; Never report For VIO-



W. B. No. 1.

N. B.—Every item of information should be carefully supplied. ACE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

County Carrall  Village or City Westmicester (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  [if death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
Male White Single,  Married,  Married,  Wildowed,  Wild	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  (HEREBY CERTIFY. That   attended deceased from 1915, to April 13115,
(Month) (Day) (Year)  (AGE  (Month) (Day) (Year)  (Year)  (Age   If LESS than   day,hrs.   ormio. ?	that I last saw h Livallye on April 13, 1915 and that death occurred on the date stated above, at 3,000 m. The CAUSE OF DEATH* was as follows:  Level Fobor Presumonia
(b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)  10 NAME OF FATHER  3 ackanek  11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)  State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDEN-
12 MAIDEN NAME OF MOTHER SUSAU PLUMES  13 BIRTHPLACE OF MOTHER (State or country) Fred 60 Ned  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs Mary S. Myern	TAL, SUICIDAL, OF HOMICIDAL.  16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At place in the of death
(Address) Westructer Mcd  Filed 94-14, 193 En He Sluriver  REGISTRAR  If more blanks are needed, address State Revistrar	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DECEN Afril 15,7915.  20 UNDERTAKER Slover Westminster, BE Franklin St. Pallo Parastier V. S. No. 1



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSINO DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specification, as Day laborer, Farm laborer, Laborer—Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Housewife, Housework, or At Home, and children, not mine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (6)

Statement of cause of death—Name, first, the dibease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

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state OCCUPATION IS PHYSICIANS RECORD PERMANENT classified. 0 properly supplied. be UNFADING may WITH on back terms, AINLY plain Instructions DEATH WRITE See ō Item 9 mportant. CAUSE

of certificate.	8'	

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No a hospital or institution. give its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED. (Month) (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That Lattended deceased from 17 aux (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at t day,....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Secondary 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS 13 BIRTHPLACE At place OF MOTHER (State or country) usual residence. DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubercu-lesis of lungs, meninges, peritonacum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Mcasics (disease causing death), 29 ds.; "Scuile," etc.), "Dropsy," (Recommendations on statement of etc. State cause for "Exhaustlon," For vio-



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Instructions

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PHYSICIANS

RECORD

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. If death occurred in St.:....Ward) a hospital or institution. give its NAME Instead of street and oumber. 7 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S aINGLE, 3 SEX 4 COLOR OR RACE MARRIED, ndorres WIDOWED, (Month) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 6 DATE OF BIRTH (Day) (Year) (Month) If LESS than TAGE and that death occurred on the date stated above, at 3,30 1 day .....hrs. OR ..... min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment to (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER (uou) 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 OR RECENT RESIDENTS) 13 BIRTHPLACE At place lo the OF MOTHER State or country Where was disease contracted, If not at place of death? usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrat, 8 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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V. E. No. 1.

RECORD	PHYSICIANS should state t of OCCUPATION is very
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

	PLACE OF DEATH	STATE OF MA	
Co	unty Carroll	CERTIFICATE O	OF DEATH
		Registration Di	Ist. No. 73
Vill	lage or City Gamber (No.	1.00	[if death occurred in
V 111	(No	St.; Ward	a hospital or institution, give its NAME lastead
	Stephen 11	lassiels	of street and nomber [
_	2FULL NAME Symmet W		**********
_	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
338	4 COLOR OR RACE SAINGLE, MARRIED, Uncleaver	16 DATE OF DEATH WILL	2 , 1915
2	Male White ORDINORCED (Write the word)	(Month)	(Day (Year)
6 D/	ATE OF BIRTH	Mch 3 CM	attended deteased from
	March 20 1835	in Ch	11/2
TAC	(Month) (Day (Year)	that I last saw h awalive on	1910
H	1 day,hrs.	and that death occurred on the date state The CAUSE OF DEATH was as follows:	ed above, at / / m,
	yrs mos os or min. ?	Varalypis 1	Talmah
(a)	CCUPATION Trade, profession, or	puraleyels	<del>V</del>
, .	General nature of industry,	1 713-	
bus	iness, or establishment in	(Duratioo)	20m
	ch employed (or employer)	ContributorySecondary	Part I I I I
	RTHPLACE (State or country) Manyland	. 1	4 A
7	10 NAME OF FATHER	MAN A GUITA	yrsds.
10	Word Myon	(Signed)	L. 1 - 10
ENTS	11 BIRTHPLACE OF FATHER (State or country)	, 191 O. (Address)	
ARE	(State or country) / /	*State the Disease Causing Death, of Causes, state (1) Means of Injury; a tal, Suicidal, or Homicidal.	or, in deaths from Violent and (2) whether Acciden-
PA	OF MOTHER COSCUMO Willie	18 LENGTH OF RESIDENCE (FOR HOSPITAL	
	13 BIRTHPLACE OF MOTHER	OR RECENT RESIDENTS) At place	The state of the s
14	(State or country.) Manyland	of death yrs mos ds. State Where was disease contracted.	yrs, mos, ds
' T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	If not at place of death?	***************************************
(	Informant) forefall arrilly	Former or usual residence	
	(Address) Gaurler	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
16	1011	Youller	afree 4, 1913.
Fiir	of Carol 2 1916 In & Less les	20 UNDERTAKER DE DOOR	ADDRESS

track Charrey Westmuch If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-The

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PHYSICIANS should state ٥ Exact statement stated EXACTLY. properly classified. should be AGE oarefully supplied. may be so that it information should be DEATH in plain terms, o OF Every item CAUSE OF Important.

PLACE OF DEATH OCCUPATION IS Very County Canall. PERSONAL AND STATISTICAL PARTICULARS 6 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than 7 AGE 1 day ..... hrs. BOCCUPATION (a) Frade, pretession, or particular kind of work (b) General nature of industry, business, or establishment lo which employed (or employer) ..... certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER! 5 11 BIRTHPLACE See instructions on back PARENT OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) THE BEST OF MY KNOWLEDGE 15 REGISTRAR

#### STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St :----Ward)

[It death occurred in a hospital or lostitution, give Its NAME lostead et street and nomber. ?

	MEDICAL	CERTIFICAT	TE OF D	EATH	
18 DATE OF DE	ATH	Office	(L	170 (Day)	_, 191S
Tech:	24 3, 19	CERTIFY, T	That I at	tended de	
hat I last saw i					a. n
he CAUSE OF	DEATH*	was as follo	ws:		
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•••••••	- 84 80 0 - 0 8 2 2 2 0 0 8 8 0 0 0 0 5 8 1	(Duration	)	yrs. 2 m	10sd
(Secondary)			***********	***************************************	************
*****************************		(Deration		yrsi	10Sd
Signed)	, 191.S. (Ad	dress)	10	ni	
*State the I CAUSES, state TAL, SUICIDAL	ISEASE CAU	SING DEATH	or, in (	leaths from	VIOLENT ACCIDEN
BLENGTH OF OR RECENT Ri At place of death yrs. Where was disease it oot at place of de Former or usual residence	mos contracted,	ds. S	the tate	yrs,	
Bet.	hel or	REMOVAL		N.	S, 191
OUNDERTAKE	R	0 -1	11 Ki	DRESS	11.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.





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Association.]

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T. B. No. 1.

		state
	RECORD	PHYSICIANS should of OCCUPATION IS
F. B. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH  5237  County Carroll	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City 22 Int. Olins (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male While Single, MARRIED, WIDOWED, ORDIVERCED (Write the word)	Month) (Day) (Year)
6 DATE OF BIRTH  April 10 , 1858  (Month) (Day) (Year)	that I last saw here alive on Office 5 1915
7 AGE   If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 5:30 Pm, The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work  (b) General nature of Industry, business, or establishment in which environment in the state of th	Lutertimel perforation,  (Buration) Jewaly for how mos oneds.
9 BIRTHPLACE (State or country) Carroll C. Ind.	Gontributory Typhoid Helier- (Secondary)  (Deration) yrs 3 mos ds
11 BIRTHPLACE OF FATHER (State or country) Carroll Co., Mid.  12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) (Si
13 BIRTHPLACE OF MOTHER (State or country) Carroll Co. Ind.	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place   10 the 1/1/2   1/1/2
(Informant) Int. any Ind.	Where was disease contracted, If not at place of death?  Former or usual residence.  19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Shall 1945 Carel France	Edminger M. E. Cernsting April 8, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Poreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithfui-For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death of cause of death—Name, first, the disease causing death affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold deneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skuii, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronia ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (name origin; "Can-Examples:



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

	PLACE OF DEATH	5238		STATE OF MAI	RYLAND
	. Asmoll			CERTIFICATE O	F DEATH
Co	unty	61	10	Registration Dis	t. No. 80
	Commence	1/1	0 /		I'll death occurred in
Vi	liage or City (No			St.;Ward)	a hospital or Institution,
		wh/ =	12//	26.16	give Its NAME instead of street and number.]
	FULL NAME (2017)	Y XXXIII	AVIII		200
	PERSONAL AND STATISTICAL PARTICULAR	s	0	MEDICAL CERTIFICATE OF	DEATH
3 SE	X 4 COLOR OR RACE SINGLE, MARRIED, V.	ngle	18 DATE OF DE	ATH april	22 nd 1915
1	WIDDWED, OR DIVORCED (Write the word			(Month)	(Day) (Year)
4		)	17 116.1	HEREBY CERTIFY, That I	attended deceased from
7 01	TE OF BIRTH Set 15-	,890	igini	1,191 v, to Upr	U 22 4, 191 S.
	(Month) (Day)	(Year)	that I last saw I	alive on Uf	ul 18 = 191 2
7 AG	E	If LESS than	and that death o	occurred on the date stated	above, at 9 boa.m.
	15- yrs. 6 mos. 67 ds.	1 day,hrs.	The CAUSE OF	DEATH * was as follows:	D. 1 1.
800	CCUPATION	OK. MINI T	***************************************	Cerebral (	Tarolysis
(a)	Frada, profession, or / m =		80880 000000000000000000000000000000000		224000000000000000000000000000000000000
	Geooral nature of Industry	***************************************	***************************************		
busir	less, or establishment fin h employed (or employer)			(Ouration)	yrsmos / o ds.
-	RTHPLACE ate or country)		Contributory (Secondary)	Int know	***************************************
(St	ate or country)		(Secondary)	(Deration)	yrsds,
	10 NAME OF FATHER	7.	(Signed)	Martina Gentl	
10	Hamur fill	111931	16:101	Alin	( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )
L	11 BIRTHPLACE OF FATHER (State or country)	1	7	, 191 d (Address)	
PARENTS	12 MAIDEN NAME	a	CAUSES, state	ISEASE CAUSING DEATH, or, 1: (I) MEANS OF INJURY; and or Homicidal.	(2) whether Acciden-
PAI	OF MOTHER (2 MM)	· Isra		RESIDENCE (FOR HOSPITALS, I	
	13 BIRTHPLACE	0	OR RECENT RE	SIDENTS)	NETITOTIONE, IRANSIENTS,
	(State or country) Carroll	Co	of death yrs.	mos. ds. Sfafe	yrs,ds.
14 T	HE ABOVE IS THUE TO THE BEST OF MY KNOWLE	DGE	Where was disease If not at place of de	confractad, ath?	
(	Informant) Samue (Biro	812	Former or		£
ì	Dennis		19 PLACE OF B	URIAL OR REMOVAL	DATE OF BURIAL
15	(Address) Finning	.0.	Jan -	tea Coema	191 2 5 191 5
	abrile 3, 191 5- I. Colward	West	20 UNDERTAKE	7/2	ADDRESS
FIIE		EGISTRAR	Hom	Ras Kon	Ventruinate.
	If more blanks are needed, address 8	tate Registra	r, 6 E. Franklin 8	t., Balto., Requesting V. S. N	o. 1.



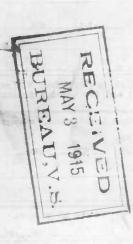


[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the dibrable causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," oma: Sarcoma. etc., of \_ Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For vio-"Coliapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neopiasms); Measles; Whooping cough; Chronk zer" is less definite; avoid use of "Tumor" for malig-Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (disease causing death), 29 ds.; (name origin; "Can-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

05		1 PLACE OF DEATH	STATE OF MARYLAND	
AN	Coun	Carroll (Q)	CERTIFICATE OF DEATH	
eme	Coun		Registration Dist. No. 74	
tate	and aligne o'',	0.6.11		
ct s	Villa	ge or City & kesville (No pringfu	a nospital of motificion,	
Exa	Ę	2 FILL NAME Laura Ray	give its NAME instead of street and number.]	
ACT ed.		<sup>2</sup> FULL NAME daww vug	1	
Siffic	- 1	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
clas	3 SE	wipower Lingle	16 DATE OF DEATH april 16th, 1915	
sta rly te.	te	male White OR DIVORCED (Write the word)	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from	
o be	6 DA	TE OF BIRTH	march 10 1915 to april 16 " 1915	
pro prefit		Month) (Day) (Year)	that I last saw h en alive on april 16 5 1915	
sh y be	7 AG		and that death occurred on the date stated above, at	
ma rck		69 vrs 8 mas /8 ds OR min.?	The CAUSE OF DEATH * was as follows:	
l. fat it	8 00	110,	B	
the this	a (a	CCUPATION  1) Trade, profession, or Rone  rticular kind of work	aroncho pneumoma	
Sup S, So	000 (b	) General nature of industry siness, or establishment in	//	
≥ E 2   which		nich employed (or employer)	(Ouration) yrs mos // ds	
refunctions	a B1	(State or country)  M. d.	Contributory General arterio Soleroses Secondary	
See Ca	10 NAME OF John T. Ray.		(Ourstion) yrs mos ds	
d in it			(Signed) JUM Norgord Mo M.	
AT.				
DE	RENT	(State or country)  12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal or Homicidal.	
atio OF	PA	OF MOTHER. Mary & lake	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS)	
SE		13 BIRTHPLACE OF MOTHER Md	At place / / In the / C C / S	
inf N Is	14 T	(State or country) :  HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
te (	20 DO 1		f not at place of death?  Former or Elliott Cla Md	
sta PA	(Informant) Mrs. 13.4 Dumer (Address) Ellicott City Md		usual residence CALLAND DATE OF BURIAL	
Cold			Wella Cemetery Balto Co april 19 1915	
O P P	Flied april6, 1915 W. Ritter		20 UNDERTAKER ADDRESS DA	
m	Fili	led Child 1917 REGISTRAR	S. Hellsinger Hoy . allicot bity	
Z		If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.	



[Approved by U. S. Census and American Public Health
Association.]

write None. business, that fact may be indicated thus: Farmer (relired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question engincer, For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-Stationary greman, etc. But in many cases, If retired from

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on statement of cause of death approved by Committee and consequences (e. g., sepsis, telanus) may be stated state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: on Nomenclature of the American Medical Association.) under the head of "Contributory." suicide. The nature of the injury, as fracture of skull, "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conhead-homicide; Poisoned by carbolic acid-probably surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion, symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial Struck by railway train-accident; Revolver "Heart failure," "Haemorrhage," "Inanition," "Maraschopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Old Age," "Shock," "Uracmia," "Weakness," The contributory (secondary or intercur-State cause for which Never report mere (Recommendations wound



#### PATION RECORD PERMANENT WITH DEATH jo item OF

See instructions mportant. CAUSE

PARENTS

15

OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER (State or country)

13 BIRTHPLACE

1 PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Carroll Registration Dist. No. a hospitel or institution. give its NAME Insteed of street and nomber. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 18 DATE OF DEATH 4 COLOR OR RACE MARRIED, Married (Month) ORDIVORCED (Write the word) (Dav (Year) I HEREBY CERTIFY. That I attended deceased from april (Month) (Day (Year) TAGE If LESS then and that death occurred on the date stated above, at 4.45 7 m. 1 day hrs. The CAUSE OF DEATH\* OR ..... 7 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... alvy lar Heart Des State or country) rd replantes 10 NAME OF 11 BIRTHPLACE

Thoch sa beauth \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) At place At place 4 yrs, 2 mos. State Where wes diseese contracted.

If not at place of deeth?

not Deposit. Md usual residence

Part Foliase	7
20 UNDERTAKER	

DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestie service for wages, as Housewife, Housework, or At Home, and children, not materiai worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line wili be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oecupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman,"

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mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic scpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of Accidental drowning; Struck by railway train-accimia," "Puerreral peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, cte., of..... (name origin; "Can ture of the American Medicai Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the "Tieart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mereiy symptomatic), "Atrophy," The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For Vio-



15

#### RECORD PERMANENT THIS UNFADING INK WITH WRITE

state Very should OCCUPATION PHYSICIANS ō EXACTLY. classified. pino properly AGE supplied. pe DEATH See ŏ 10 Item Important. CAUSE

STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No If death occurred in Ward) a hospital or institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE S SINGLE, DATE OF DEATH MARRIED. 191.0 WIDOWED, (Day (Year) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 10,300m. f day, ..... hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry Contributory Secondary

9 BI	RTHPLACE (State or eountry)  Md
	10 NAME OF John Smith
PARENTS	11 BIRTHPLACE OF FATHER (State or country)
	12 MAIDEN NAME Many Brago
	13 BIRTHPLACE OF MOTHER (State or country)

18 LENGTH OF RESIDENCE (FO	R HOSPITAI	LS, INSTITUTIONS,	TRANSIENTS,
At place	In the		
of death yrs mos	ds. State	yrs	mos ds

\*State the DISEASE CAUSINO DEATH, or, in fleaths from VIOLENT CAUSES. state (1) MEANS OF INJURY; and (2) whether Acciden-

Where was disease contracted. if not at placa of death?

TAL, SUICIDAL, OF HOMICIDAL.

usual residence

(Signed)

DATE OF BURIAL

20 UNDER

LODRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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V. S. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PERMANENT RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS

1 PLACE OF DEATH  5242  County Carroll  Vittage or City Rykesvelle (No. Spring)  2FULL NAME Alverta Sohna	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 4  [If death occurred is a hospitel or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tenale White Street on Wildowed (Write the word)	16 DATE OF DEATH April 54 , 1915 (Month) (Day (Year)  17 I HEREBY CERTIFY. That I attended deceased from
DATE OF BIRTH  Mohnth (Day (Year)	March 36 1915 to april 50 1915.  that I last saw her allve on afrie 50 1915
7 AGE  If LESS than f day,hrs. ORmin.?	and that death occurred on the date stated above, at 12.55 P. m.  The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or perticular kind of work. (b) General nature of industry, business, or esteblishment in which employed (or employer)	Courte Fobar (neumon a (Ouration) - yrs - mos. 5 ds.
9 BIRTHPLACE (State or country) Md.	Contributory General attern-eclerosis Secondary Luknown
10 NAME OF Unknown	(Signed) John Norfock Maris, M. D.
11 BIRTHPLACE OF FATHER (State or country)  12 Maiden NAME OF MOTHER  74 18 18 18 18 18 18 18 18 18 18 18 18 18	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of Mother Unknown  13 BIRTHPLACE OF MOTHER (State or country)  W. S.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  At piece In the Warknown of deeth yrs mos ds
(Interment) Througheld Hosp. Records	Where wes disease contracted, If not at place of death?  Former or Carroll Co. Horne, Mustimister Md usuel residence
(Address) Ryksville, ma.  16 Filed Apr. 6, 1915 WW, Ritter  REGISTRAR	19 PLACE OF BURIAL OR REMOVAL  Weshingter Cell Date of BURIAL  20 UNDERTAKER  ADDRESS  WESHINGSER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement, material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foremau," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritongeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaevalvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclalujury, as fracture of skull, and eonsequences (e. g., scpsis, tctanus) may be stated under the head of "Contributory." (Recommendations on statement of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioete., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease eausing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



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N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be preperly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Village or City Aprendl Ins (No. Sprace)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 74  [If death occurred in a hospital or institution,
FULL NAME Jahn Schun	give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Whele Single, MARRIED, MIDOMED, ORBIVORCEN (11/1/16 the word)	16 DATE OF DEATH  (Month) (Day (Year)
G DATE OF BIRTH  MIKNOWN 1	17 I HEREBY CERTIFY, That I sttended decessed from 28 = 1914, to April , 1915.  that I lest saw has alive on April ( 1915
7 AGE (Month) (Day (Year)  1 LESS than 1 day	and that desth occurred on the date stated above, at 8-45 7 m, The CAUSE OF DEATH* was as follows:
Boccupation (a) Trade, profession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)  BIRTHPLACE (State or country)	General Paresis  (Duration) Surfluor  yrs. mos. ds.  Contributory  Secondary
11 BIRTHPLACE  11 BIRTHPLACE  11 BIRTHPLACE  12 MAIDEN NAME OF MOTHER  13 BIRTHPLACE	(Signed)
OF MOTHER (State or country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	At place flue: 11-28-17 in the fly of death yrs. mos. ds. State fyrs. mos. ds. Where was disease contracted, fluid at place of death?  Former or usual residence fluid for the fluid
(Address)	19 PLACE OF BURIAL OR REMOVALA  PALLILLONE CITY  20 UNDERTAKER  ADDRESS  Far, 6 E. Franklin St., Balto., Requesting V. S. No. 1.
	Mos



[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," ctc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE Grocery; (a) Foreman, (b) Automobile factory. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Preeise statement of oeeupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Forcman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: childbirth or miscarriage as "Puerperal septichacvalvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL poritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ccr" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Scnile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY3 1915
BUREAU, V.S.

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1 PLACE OF DEATH STATE OF MARYLAND Dasholl CERTIFICATE OF DEATH Registration Dist. No., If death occurred la ...Ward) a hospital or Institution, give its NAME instead of street and nomber.] PERSONAL AND STATISTICAL PARTICULARS SE: 4 COLOR OR RACE 5 SINGLE. DATE OF DEATH MARRIED, 1915 WIDOWED, (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 17 (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 11.30 a.m. 1 day, .....hrs. OR ..... min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER of death \_\_\_\_\_ yrs. \_\_\_ (State or country ds. State . Where was disease contracted. 14 THE ABOVE IS KNOWLEDGE If not at place of death? Former or (Informant) usual residence PLACE OF BURIAL OR REMOVAL DATE OF BURIAL (Address) 15 ., 191.

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) fication as Day laborer, Farm laborer, Laborer-Coal tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekcepers mine, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, For persons (d)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite synonym the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 'Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Theumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Meastes; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. The contributory (secondary or intercurrent) (Recommendations on statement of State cause for For VIO-



No. 1. න් 1 PLACE OF DEATH

Cour	ity Carroll	CERTIFICATE OF DEA
Villa	101	Registration Dist. No.
	ge or City Naterille (No.	St.; Ward) [If de a hospil
1 1	2 FULL NAME Mession Olean	Chifpley. give Its
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	hale While (Write the word)	16 DATE OF DEATH Que 90
0 6 DA	TE OF BIRTH	17 HEREBY CERTIFY, That I attended de
artification of the second	Nov 14 1874	that I last saw hamalive on All 2
T AG		and that death occurred on the date stated above
	41 yrs 5 mos 16 ds. OR min.?	The CAUSE OF DEATH * was as follows:
8.00	CCUPATION 1) Trade, profession, or Plumber.	Feelrord Pulmonay Tul
12/20 50	siness, or establishment in Tim B. Plumbug ich employed (or employer)	about (Ouration) 10 yrs.
9 8	(State or country)  Studente CO.	Secondary (Oursilon), yrs.
3	10 NAME OF MAN a Chipley	(Signed) A. J. G.
NTS	11 BIRTHPLACE MIL-CO	*State the DISEASE CAUSING DEATH, or, in deaths fr
ABEN	(State or country) M January CD  12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether SUICIDAL OF HOMICIDAL.
PA	OF MOTHER Celtury & Howler	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTION OR RECENT RESIDENTS)
<u>a</u>	13 BIRTHPLACE OF MOTHER (State or country) Terederick Co.	At place In the of death
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	if not at place of death?
	(Informant) Wrift	usual residence
	(Address) Wateralle	Proce Groom Com May
11	100 may 10, 191 5 Bolt J. Runk	20 UNDERTAKER ADDRESS
	REGISTRAR	16 W Savatore St. Rollo Regissting V S. No. 1

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STATE OF MARYLAND OF DEATH

If death occurred in a hospital or institution, give its NAME instead of street and number.]

16 DATE OF DEATH	Alonth)	99	1015
	Month)	(Day)	(Year)
that I last saw hamalive	That I atten	ded deces	sed from
that I last saw hamalive	on allu	127	, 1915
and that death occurred on	the date state	ed above, a	16 P m
The CAUSE OF DEATH * wa			
Feelrord Pula	nonay	Tubue	ulows
about	(Ouration) / O	yrsm	08di

r, in deaths from VOLENT (2) whether ACCIDENTAL,

INSTITUTIONS, TRANSIENTS, 4 ... .....yrs. .....moe. ...... ds.

DATE OF BURIAL

May 2, 1915

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[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, write None. business, that fact may be indicated thus: Farmer (relired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mill; (a) Salesman, (b) Grocery; (a) Foreman, is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line especially in industrial employments, it is necessary cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question know (a) the kind of work and also (b) the nature of the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, SUICIDAL, or HOMICIDAL, or as probably such, if impossible surgical operation was undertaken. For violent deaths head—homicide; Poisoned by carbolic acid—probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning. state MEANS OF INJURY and qualify as ACCIDENTAL, "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "Puerperal scptichaemia, cause. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Ura mia," "Weakness, "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal eonditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronreut) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... (name origin; "Cancer" is less definite; avoid use of Always qualify all diseases resulting from child-"Senile," etc.), "Dropsy," The contributory (secondary or intercur-"Exhaustion," unportant.



RECORD PERMANENT cia properly lul. UNFADING terms, plain Information \_ DEATH RITE 50 Item 10 mportant. CAUSE Every m

#### PHYSICIANS should of OCCUPATION IS certificate. 90 back 00 instructions

1 PLACE OF DEATH STATE OF MARYLAND 5240 CERTIFICATE OF DEATH Carroll Registration Dist. No. if death occurred in Ward) a hospital or institution, give its NAME instead ot street and nomber.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE, 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCEO (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 day .....hrs. The CAUSE OF DEATH\* was as follows: OR ..... min. ? .....ds. BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ..... 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE , 1915 (Address) WKLLIZE OF FATHER (State or country) \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death 19. yrs. \_\_\_\_ mos. Where was disease contracted. If not at place of death? Former or usuai residence 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Frankin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canthenia," "Anaemia" (merely symptomatic), "Atrophy," such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL perilonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakuess," mere symptoms or terminal couditions, such as "As-Bronchopucumonia (secondary), 10 ds. affection need not be stated unless important. eause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head iujury, as fracture of skull, and eousequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras "Collapse," "Coma," "Couvilsions," "Debility" ("Conture of the American Medical Association.) The contributory (secondary or intercurrent) Measles "Seuile," ctc.), "Dropsy," (Recommendations on statement of (disease eausing death), 29 ds.; "Exhaustion," Never report For vio-



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nty Carry (	CERTIFICATE OF DEATH Registration Dist, No.
Jane to	Registration Dist, No.,
ge or City Langerown (No	St.; Ward)  [If death occurry a hospital or institution of street and number of street and nu
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
4 COLOR OR RACE SINGLE, MARRIED, Married Widowed Write the word)  TE OF BIRTH	16 DATE OF DEATH  (Month) (Day (Ye)  17 I HEREBY CERTIFY, That I attended deceased
May 10 ,1867 (Year)	Teb, 2 1915 to April, 27, 19 that I last saw h im allocon April, 27, 19
47 yrs. // mos. // ds. OR min.?	and that death occurred on the date stated above, at
rade, protession, or Fassuses	Bronchitis.
teneral nature of industry, iss, or establishment in employed (or employer)  THPLACE state or country)	Contributory Secondary
O NAME OF John Smith	(Signed) (Duration) yrs most
OF FATHER (State or country) freland  2 MAIDEN NAME OF MOTHER B. 1 1 1 1 1	*State the DISEASE CAUSING DEATH, or, in deaths from VICAUSES, state (1) MEANS OF INJURY; and (2) whether ACC TAL, SUICIDAL, OF HOMICIDAL.
BIRTHPLACE OF MOTHER (State or country) Dreland	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANS OR RECENT RESIDENTS) At place In the of death yrs, mos, ds, State yrs, mos, where was disease contracted,
tormant) Sarah Shuth	if not at place of death?  Former or usual residence
Hil30,1913- M.B. Hagur	January Ind Date of Burial May 121 11 20 UNDERTAKER ADDRESS
Transition of the state of the	Whate openivered on the word of the word o



[Approved by U. S. Census and American Public Health Association.]

tion is very important, so that the relative healthful-For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursults can be known. The question should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fremun, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal (a) Spinner, (b) Cotton mill; (a) Salesman, who have no occupation whatever, write Nonc. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indlthus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (0)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meuingitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefiuite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measics; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," ample: Meastes (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of..... (name orlgin; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. lnjury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS PIOBADNI LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertakeu. For vio-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), may be stated under the head of (Recommendations ou statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAY 4 1915
BUREAU, V.S.

V. S. No. 1.

RECORD	PHYSICIANS should state
WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Cou	1 PLACE OF DEATH 5248 (no	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.  St.; Ward)  [it death occurred is a hospital or institution, give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 8 2 7	Male Black Single, Surgle Willower, Orbivonero (Write the word)	16 DATE OF DEATH  Office 99 (Year)  (Month) (Day (Year)  17 I KEREBY CERTIFY, That I attended deceased from
6 DAT	(Month) (Day (Year)	
7 AGI		and that death occurred on the date stated above, at
(a) T parti (b) ( busin	CUPATION rade, profession, or cular kind of work  Beneral nature of industry, ess, or establishment in employed (or employer)	no Coroners inquest.  (Buration) yrs. mos. ds.
9 BIR	State or country) Maryland	Gentributory Secondary
	11 BIRTHPLACE GARRAGE A. MAS	(Signed) Edwin H. Shure H. p. 1 Cyril-29191 & (Address) Flatminster M. f.
PARENTS	OF FATHER (State or country)  12 MAIDEN NAME Sula adams	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL,  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
3	OF MOTHER (State or country) Carrel Go. Null.	At place to the ot death yrs mos ds. State yrs mos ds  Where was disease contracted.
	ntormant) A Colte - Lawrell  Westminster MA.	If not at place of death?  Former or  usual residence  PPLACE OF BURIALOB REMOVAL / DATE OF BURIAL
16 Filed	Apr-29,191 5 Edina H. Sloring	Plater Orall Com apr 30 191 5- 20 UNDERTAKER SQUIPTED & DORESS
-	If more higher are needed address State Position	TON C 21 Describin Ca Value D

If more blanks are needed, address State Registrar, 6 E. Franklin St., Barto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestle service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) it should be used only when needed. additional five is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the disease Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the As examples: "Foreman,"

Statement of cause of death—Name, first, the Disease Causing Dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic scpsis, totanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease ean be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Seuile," etc.), "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal eouditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ampie: Measles affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuil, and eonsequences (e.g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The eoutributory (secondary or Intercurrent) (Recommendatious on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustion, For Vio-



PLACE OF DEATH	5249 STATE OF MARYLAND (169. CERTIFICATE OF DEATH
County Curvat	Registration Dist. No. 76
Village or City Westminster (No.240,	E. Maine St.; Ward)  [it death occurred in a hospital or institution give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
voy white Single, Single Wisoweo, ORDIVERCED (Write the word)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from
GDATE OF BIRTH July. 9 th 1994 (Month) (Day) (Year)	for 1 1915, to Spr 1 D 1915 that I last saw h sin alive on Mrs 10 - ,1916
7 AGE 17 yrs. 9 mos. 1 ds. OR mio.?	and that death occurred on the date stated above, at 2 1, m. The CAUSE OF DEATH* was as follows:
(a) Frade, protession, or particular kind of work.  (b) General nature of industry, business, or establishment in which employed (or employer)	Fuldonales Mayla:  (Duration) / O yrs. mos. ds.
9 BIRTHPLACE (State or country) Maryland  10 NAME OF FATHER	(Signed) Lewy in Fethers with
Samuel & Swall  11 BIRTHPLACE OF FATHER (State or country)  W  12 MAIDEN  12 MAIDEN  OF MOTHER OF MOTHER	*State the Dismass Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds. State yrs, mos ds.
(intermant). Eller IV. Starl	Where was disease contracted, it not at place of death?  Former or usual residence
15 Filed Ohr-17- 1913 - E. H. Sloriver	Westmost Cemety 4/12, 1913 20 UNDERTAKER ADDRESS
REGISTRAR  7 If more blanks are needed, address State Registra.	ABankud tem Westminder



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-(a) Spinner, Civil engineer, Stationary fireman, etc. But in many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (b) Cotton mill; (a) Salesman, (b)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing definite same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum, etc..

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPEBAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL septichaeetc., when a definite disease can be ascertained as the mus," "Oid Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasmere symptoms or terminal conditions, such as "As-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can-State cause for "Exhaustion," Examples: For VIO-



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1 PLACE OF DEATH

STATE OF MARYLAND

	CEI	RITFICATE	OF	DEATH
</th <th>11</th> <th>Registration</th> <th>Dist.</th> <th>No. 74</th>	11	Registration	Dist.	No. 74
	//	/ 1/		

.Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Married or Divorce)	16 DATE OF DEATH  Month)  (Bay  (Year)
8 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	that I last saw have alive on april 17, 1915
7 AGE   If LESS then 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 7-450m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work  (b) Macc	uremin interication
(b) General nature of Industry, business, or establishment in which employed (or amployer)	(Duretion) Tree mos 4 ds.
9 BIRTHPLACE (State or country)	Secondary (Buration) Uput Mos ds
10 NAME OF SLORGE Straw	(Signed) Approcedure M. D.
OF FATHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths, from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENT
a Eliza Delvey	TAL, SUICIDAL, OF HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)  Ta	At piece of death Z yrs. 6 mos. ds. State yrs. mos. ds  Where was disease contracted,
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informent) A PAT WEALS	If not at place of death? The Printy Med Former or usual residence Tessen Dridge Duf
(Address) Sytewat Zur	19 PLACE OF BURIAL OR REMOVAS DATE OF BURIAL
Filed apa 27, 1915 WwRitter	26 UNDERTAKER ADDRESS
	trar 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers statemeut. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write Nonc. gainfully employed, as At school or At home. minc, etc. "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Civil engineer, Stationary fireman, etc. But iu many ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Colton mill; (a) Salesman, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

affection need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, totanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puenperal perilonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cer" is less definite; avoid use of "Tumor" for malig-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Seuile," etc.), (Recommendatious on statement of (disease causing death), 29 ds.; "Dropsy," "Exhaustlon," Never report For vio-



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Semale white wood on overthe of the wood o	PLACE OF DEATH  County Carroll  Registration Dist. No. 75  Village or City Melrose (No. 51; Ward)  Full NAME Annie Thieret				
Source white word was a solid with the word of the wor	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH			
Filed 4/20, 1915 J. P. Baltorer Manches Contra 4/22, 1915.  REGISTER N. T. P. Regner Manches Der	SEX  Jernale White Beingle, MARRIED, MOONWED, MARRIED, Woowweb, Married Wooweb, Married Woode, Married Wooweb, Married Woode, Married Wooweb, Married Wooweb, Married Woode, Ma	(Month) (Day) (Year)  17 I HEREBY CERTIFY, That I attended deceased from  1910, to			
	Filed 4/20, 1915 J. P. Baltoger	McMalsles Centra 4/22, 1915.  20 UNDERTAKER  PREGNEG Marcher Der			





[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speci-Groeery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman," (a)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubereulosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of \_ ture of the American Medical Association.) Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of (disease causing death), 29 (name origin; "Can-Examples: For VIO 08.

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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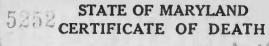
MAY 5 1915

BUREAU, V.S.

N.

of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state beat in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very see instructions on back of certificate.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT Item E OF CAUSE OF Important. 1 PLACE OF DEATH arroll



Registration Dist. No. 74

[If death occurred in

•	FULL NAME RESTRECE A	R Thomas	a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF E	DEATH 4
for	male White word)		(Day (Year)
8 D	(Month) (Day (Year)	that I last saw h & Calive on	23 1915.
TAG	6 7 yrs. mos. ds. or	and that death occurred on the date stated ab The CAUSE OF DEATH* was as follows:	ove, atm,
(a) pai (b) bus	CCUPATION ) Trade, profession, or ricular kind of work	Organie Stra	yrs. mas. — ds.
9 81	RTHPLACE (State or country)	Gentributory Secondary	7/15/ mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country)  12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, or HOMICIDAL.	deaths from VIOLENT (2) whether Acciden-
PA	13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSOR RECENT RESIDENTS)  At place in the of death yrs. mos. ds. State	
	(Informant) Wallet House	Where was disease contracted, If not at place of death?  Former or usual residence.	
15	ed apr. 26, 1915 WWRitter  LICAR REGISTRAR	Myllesville Mid C	ATE OF BURIAL, 191
	of If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No	0. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE should be taken to report specifically the occupations who receive a definite salary), may be entered as statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: For many occupations a single word or term on the who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Oroup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculosis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Mcasles (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) The contributory (Recommendations on statement of (secondary or intercurrent)



PERMANENT RECORD 4

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS W. B. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution, give its NAME lostead ot street and number.]

	FULL NAME AMARIM TOMPS	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX	4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  E OF BIRTH  (Month) (Day) (Year)	16 DATE OF DEATH  (Month)  (Day)  (Year)  17  I HEREBY CERTIFY, That I attended deceased from  (That I last saw had alive on April 7, 1915
7 AGE	yrs. mos. 3 ds. lt LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 3 Mm, The CAUSE OF DEATH* was as follows:
(a) Fra	de, profession, or lar klod of work.	
business which e	peral nature of Industry, s, or establishment in mployed (or empkyer)	Contributory Occlete Pulman Confest
(State	NAME OF FATHER	(Secondary)  (Deration) yrs mos / ds.  (Signed) / All Chie
ш	(State or country) Brederick 60	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13	BIRTHPLACE OF MOTHER State or country)  ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR MOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place   lo the   ot death yrs, mos, ds. Where was disease contracted,
	rmant) Have flompson	If not at place of death?  Former or usual residence
15	(Address) A ZW XV in 1/287	THE STATE OF BURIAL OR REMOVAL DATE OF BURIAL NEW S., 191.4
Flied	, 191 REGISTRAR	20 UNDERTAKER ADDRESS ADDRESS



#### •

## REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as should be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. Women at home, who are engaged in the fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid demondia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcintosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., LENT DEATHS State MEANS OF INJUBY and qualify as childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acct-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. For vicetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," (Recommendations on statement of \_\_ (name origin; "Can-"Exhaustion,"



PHYSICIANS should of OCCUPATION IS RECORD ERMANEN pe pinode THIS properly AGE supplied. UNFADING may certificate. that 000 terms, plain Instructions Information = DEATH See o E OF Important. Every

state Very

PLACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. [If death occurred in .Ward) a hospital or institution. give its NAME lostead of street and oumber. 1 MEDICAL CERTIFICATE OF DEATH AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE, SEX 4 COLOR OR RACE WIDOWED ON I down I HEREBY CERTIFY, That I attended deceased from (Month) (Day) 7 AGE If LESS than and that death occurred on the date stated above, at 5-45 a.m. 1 day.....hrs. The CAUSE OF DEATH \* was as follows: OR ..... mlo. ? 8 OCCUPATION (a) Trade, profession, or particular klod of work. (b) Geoeral nature of Industry, business, or establishment to (Duration) 3 which employed (or employer) ..... 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER \*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country ..... yrs. ..... mos. ..... State ..... Where was disease contracted, If not at place of death? 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations dutles of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specicases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulgainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. minc, etc. Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, For persons "Foreman,"

Statement of cause of death—Name, first, the diberal Causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only defidite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefidite); Tubercutosts of lungs, meninges, peritonaeum, etc.. Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY-and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. "Contributory." Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asample: Meastes valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malls oma. Sarcoma. etc., of \_ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of (dlsease causing "Dropsy," "Exhaustion," (name origin; "Candeath), 29 ds. For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very

properly classifled.

AGE

carefully supplied.

DEATH in plain terms, so that it meses lostructions on back of certificate.

-Every item of information should be

CAUSE OF Important.

N. B.

RECORD

A PERMANENT stated EXACTLY.

-							
- 9	23.1	- 18	0	OF	-	-	THE
	P-1	- 63	6.50	UE			

County Carroll

Village or City Near HarrisvilleNo.

STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.

Ward)

[If death occurred la

	*FULL NAME Emily Mashin	glow	give its NAME instead of street and comber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE	OF DEATH
351	Emale Color of RACE Single, MARRIED, WIDOWED. ORDIVORCED (Write the word)	16 DATE OF DEATH (Month)	(Day (Year)
B D.	Okeil 6 m, 1915  (Mayttu) (Day (Year)	april 67, 1915, to	LI attended degeased from Spril 7th, 1915, wes day april 71815
TA	GE If LESS than 1 day, 3. hrs.	and that death occurred on the date state. The CAUSE OF DEATH* was as follows:	
(a)	CCUPATION ) Trade, profession, or Mone	Premature)	Birth
bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration)	yrs mas ds.
9 81	(State or country) Carroll les. Md.	Secondary (Baratlan)	yrs mos ds.
S	10 NAME OF Seo. Washington,	(Signed) J. allee afril 8th, 1915 (Address) 77	I Rice i. M.D.
ARENT	OFFATHER (State or country) Carroll leo. Md.,  12 MAIDEN NAME Florence Virginia Snowde.	*State the DISEASE CAUSING DEATH, CAUSES, state (1) MEANS OF INJURY; TAL, SUICIDAL, OF HOMICIDAL.	
P	13 BIRTHPLACE OF MOTHER (State or country) Frederick Leo. M.S.	OR RECENT RESIDENCE (FOR HOSPITAL OR RECENT RESIDENTS)  At place lo the of death yrs mos ds. State	
	(Informant) I lovence V. Juonoden	Where was disease contracted, If not at place of death?—— Former or usual residence———————————————————————————————————	
16	(Address) Mr. Cliry, Md.	Munut Fra	apple # 1915
Fil	ed apr. 7. 1915 Ort & Runkle	30 UNDERTAKER	ADDRESS TO

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

5255



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the misease of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Colton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. Screant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphlheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid dineumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

scpsis, lelanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture, of skull, and consequences (e. g., ture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonilis," etc. State cause for childbirth or misearriage as "Puerperal seplichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephrilis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. For vio-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.;



MARGIN RESERVED FOR BINDING

ICIANS ment of	County Carroll	CERTIFICATE OF DEATH  Registration Dist. No
TLY. PHYS Exact state	Village or City Syllasvills (No. Janua) free	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
XAC fied.	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
tem of information should be carefully supplied. AGE should be stated Estate CAUSE OF DEATH in plain terms, so that it may be properly classing IION is very important. See instructions on back of certificate.	Amal 4 COLOR OR RACE 6 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)  6 DATE OF BIRTH  1 Letter (Month) (Day) (Year)  7 AGE 1 If LESS than 1 day, hrs. OR min.?  6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer)  9 BIRTHPLACE (State or country) Mary land  10 NAME OF FATHER (State or country) Mary land  11 BIRTHPLACE (State or country) Mary land  12 MAIDEN NAME OF MOTHER (State or country) Mary land  13 BIRTHPLACE (State or country) Mary land  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant) Mary land	16 DATE OF DEATH  (Month)  (Day)  (Year)  17 I HEREBY CERTIFY, That I attended deceased from  (Month)  (Day)  (Year)  18 I HEREBY CERTIFY, That I attended deceased from  (Interpretation of the date stated deceased from  (Interpretation of the date stated above, at 5.56 m.)  The CAUSE OF DEATH ** was as follows:  (Signed)  (S
B.—Every is should occup	Filed 4/13/, 1915 WW. Putter REGISTRAR	20 UNDERTAKER ADDRESS RUKENUM
Z	If more blanks are needed, address State Registrat,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

state oeeupation at beginning of illness. business, that faet may be indicated thus: Farmer (relired or given up on account of the DISEASE CAUSING DEATH, engaged in domestie service for wages, as Servant, Cook employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers precise specification as Day loborer, Form laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton Housemaid, etc. If the oeeupation has been changed taken to report specifically the occupations of persons who receive a definite salary), may be entered as Housemobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, first line will be sufficient, o. g., Farmer or Planter, Physiis provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary freman, etc. But in many eases ciun, Compositor, Architect, Locomolive engineer, Civil ness of various pursuits ean be known. The question tion is very important, so that the relative healthfulbusiness or industry, and therefore an additional line applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa-Coal mine, etc. many occupations a single word or term on the For persons who have no occupation whatever The material worked on may form part Women at home, who are engaged in (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menindenia) is indefinite); Tuberculosis of lungs, menindenia

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telonus) may be stated head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "PUERPERAL peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childete., when a definite disease can be ascertained as the "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uracmia," "Weakness," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," chopneumonia (seeondary), 10 ds. rent) affection need not be stated unless important. ges, perilonarum, etc., Carcinoma, Sarcoma, etc., of ..... suicide. The nature of the injury, as fracture of skull, Struck by railway troin-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; "Annemia" (nierely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic vulvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of or misearriage as "Puenperal seplichaemia," The contributory (secondary or intereur-Never report mere



V. S. No. 1.

		state
		should a
	RECORD	PHYSICIANS should state of OCCUPATION Is very
	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
	RITE PLAIN	of information DEATH in pla See instruction
V. S. No. 1.	W	N. B.—Every Item CAUSE OF Important.

	1 PLACE OF DEATH	5257 STATE OF MARYLAND
	handle &	CERTIFICATE OF DEATH
Co	inty Al ANNON	75
	Cl. 1	Registration Dist. No
Vill	age or City Line toro (No.	St.; Ward) [Il death occurred in a hospital or institution,
	S 1 m o nx	give its KAME Instead
. •	FULL NAME Odward Hen	ot street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 58	4 COLOR OR RACE MARRIED, Wildows Widowso, Or Divorces (Write the word)	(Month) (Day (Year)
8 D	ATE OF BIRTH	17   HEREBY CERTIFY, That I attended deceased from
	asil 9th 19th	Jany 20 1915, to Have 16 4, 1915.
	(Month) (Day (Year)	that I last saw have alive on April 6 7 ,191 5
TAC	It LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10.30 1, m,
	66 yrs mos 8 ds OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION Trade profession of	Chronic Brights desease
par	Trade, profession, or transport of assauce	<b>(</b> -)
bus	General nature of Industry, ness, or establishment in	(Duration) yrs mos 4 ds.
	ch employed (or employer)	Contributory Haspertrophy of the heart
	RTHPLACE (State or country) Work loo Pa	Secondary (Ouration) yrs / mos 4 ds.
	10 NAME OF Chail R Wents	(Signed) John J. Weaver M.D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	*State the Disease Causing Death, or, in deaths from Violent
PARENT	12 MAIDEN NAME OF MOTHER. COMMAND SILVER WILLS	*Stat the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.  18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country) Carrill Go me	of death yrs mos ds. State yrs mos ds
14 T	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, It not at place of death?
	(Informant) / Marsheure	Former or usual residence
	(Address) Line bors, Ind	19 BLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	(AUUI 655) December 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Linebow M& Unil 200, 1915
FI	ed 4/18 1918 V. P. Ballone	30 UNDERTAKER ADDRESS
	Lozal REGISTHAR	Jacob Wrink & Sous Manchester Mde
	If more blanks are needed, address Late Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers ness of various pursuits can be known. The question mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborerstatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite sulary), may be entered as "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never Farmer (retired 6 yrs.) For persons rcturn "Laborer," "Foreman,"

lesis of lungs, meninges, peritonacum, etc., Carcinpneumonla"); causing death (the primary affection with respect to ("Pneumonia," "Croup";) brospinal fever (t term for time an Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhoid"); Lobar pneumonia; Bronchopneumonia y definite synonym is "Epidemic cere-ingitis"); Diphtheria (avoid use of ation), using always the same accepted me disease. unqualified, is indefinite): Tubercu-Examples: Cerebrospinal

> valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," childbirth or miscarriage as "Tuerperal scotichacctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uracmia," "Weakness," "Heart failure," "Hacmorrhage," "Inauition," "Marasgenital," "Scuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affectiou need not be stated unless important. by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head of Always qualify all diseases resulting from Measles (Recommendations on statement of (disease causing death), 29 ds.; ctc. State cause for For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

PHYSICIANS should state of OCCUPATION is very

Exact statement

may be properly classified.

AGE

carefully supplied.

of information should be DEATH in plain terms,

Item OF Important. Every It

N. B.

See instructions on back of certificate.

14

6

stated EXACTLY.

RECORD

1 PLACE OF DEATH

County

Village or City

**2FULL NAME** 

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Ilf death occurred in a hospital or institutioe, give its NAME Instead of street end nomber.]

DATE OF BURIAL

ADDRESS

#### PERSONAL AND STATISTICAL PARTICULARS

3 \$1	erusle	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the Wol	Parried rd)
6 D	ATE OF BIRT	н		
		— Pest (Month)	(Day	, 1836 (Year)
7 A	G E	78 178 178	mos 3 ds.	If LESS than 1 day,hrs. ORmin.?
(8)	CCUPATION Trade, profession rticular kind of w		home	
bus	General nature of iness, or establishment of the control of the co	ishment in	************************	1 <b>0700460</b> 0 I akada opog genera na na
9 B1	RTHPLACE (State or cou	ntry) Mary	land.	
3	10 NAME OF		a Phil	lips
ENTS	11 BIRTHPL OF FATI (State o	JED /	ugland	1
PAREN	12 MAIDEN OF MOT	NAME	a Bar	nes
	13 BIRTHPL OF MOTI (State o	ACE IER r country)	rangla	ud.
	/	Rue to the BES	2 0,15.	EDGE
P.	7. (Address)	2. Sykesi	ille m	el.
15	0,1	2 1 1	1.1	

MEDICAL	CERTIFICATE O	F DEATH	
DATE OF DEATH	apr.	117	_, 191 \
	(Month)	(Day	(Year)
I HEREBY	CERTIFY, That	I attended dec	sessed from
Chy I I	915 to Ch	710	1916
hat I last saw he ha al	Ive on afra 1	0	, 191,5
nd that death occurred	on the date stated	above at 6	115a,m
he CAUSE OF DEATH *		Such	adding
noonandrametra duri cel· legiu angenessa de second second	art 3rt St. St. St. St. St. St. St. St. St. St	9	
		**************************************	
909 P d 6 describer 18 de seu o compo de responsacion de seu d	(Duration)	yrsп	10\$dr
Contributory Secondary	**********************	*************************	
O V	(Quration)		
Signed)	hipley	*****************	, M. O
Rhr 12, 1915 (	1 nn	Immed	er mo
*State the DISEASE C CAUSES, state (1) MEA TAL, SUICIDAL, OF HOMIC	AUSING DEATH, OF NS OF INJURY; as CIDAL.	, in deaths frond (2) whether	om Violent er Acciden
18 LENGTH OF RESIDENT	CE (FOR HOSPITALS	INSTITUTIONS,	TRANSIENTS
At piace	In the	'	
of death yrs mos. Where was disease contracted,	ds. State _	yrs	mos ds
If not at piace of death?	**********************		
Former or			

CE OF BURIAL OR REMOVAL

Af more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

eated thus: Farmer (retired 6 yrs.) For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursults can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the one definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of........ (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclamia," "Puerperal peritonitis," etc. State eause for mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstittal nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) sepsis, tetanus) may be stated under the head lnjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or misearriage as "Puerperal septiehaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasthenla," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. "Contributory." dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-acci-"Collapse," "Coma," "Convulsions," "Deblity" ("Con-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report



AGE should be stated EXACTLY. PHYSICIANS should state properly classified. Exact statement of OCCUPATION is very

PERMANENT RECORD

4

WRITE PLAINLY, WITH UNFADING INK-THIS IS

carefully supplied.

See instructions on back of certificate.

-Every item of information should be CAUSE OF DEATH in plain terms. s.

N.B.

important.

#### S. No. 1.

1 PLACE OF DEATH

arroll

CERTIFICATE OF DEATH

Registration Dist. No.

20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

If death occurred in ospital or institution Its NAME Instead treet and number.]

ADDRESS

Vii	FULL NAME Mary a. Vi	St.; Ward) a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
-	ernah White Single, Midowed on the Write the word)	18 DATE OF DEATH  The control of the
	(Month) (Day (Year)  GE   If LESS than t day,hrs.	that I last saw h M alive on April 3 1915  and that death occurred on the date stated above, at \$250 m.  The CAUSE OF DEATH* was as follows:
(a pa	CCUPATION  1) Trade, profession, or articular kind of work  1) General nature of industry, siness, or establishment in hich employed (or employer)  11RTHPLACE (State or country)  (State or country)  Mew Sersey	Bronchofneumonia  (Ouration) - yrs - mos 6 88.  Contributory Chronic Interstitual Replietter Secondary
RENTS	10 NAME OF John Bradshaw  11 BIRTHPLACE OF FATHER (State or country) England	(Signed) when Monfock Morres M. D.  Gerat Grant Monfock Morres M. D.  Gerat Grant Mans of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Vd	13 BIRTHPLACE OF MOTHER  13 BIRTHPLACE OF MOTHER (State or country)  THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  (Informant)  M. C. J. Bozd	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)  A1 place of death / yrs. // ds. State yrs, mos, ds  Where was disease contracted, if not at place of death?  Former or usual residence. Balls City - Mal
15	(Address) 2004 Bollon are Ballo	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

REGISTRAR



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gaiufuily employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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mia," "PUERPERAL peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaeaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neopiasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanitlon," "Maras-"Collapse," "Coma," "Couvulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify ail diseases resulting from Measles (disease causing death), 29 ds.; "Scuile," etc.), "Dropsy," "Exhaustion," Never report For vio-



	05	2 4
MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	Every item of information should be carefully supplied. AGE should be stated EXACTLY. P CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement a important. See instructions on back of certificate.
0	FAD	t it r
r	S	carefo tha
Z	, WITH	Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.
Σ	INLY	lon si plain
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	W	Item E OF
No. 1.		Every CAUSI Import
1.		1

PLACE OF DEATH 5200	STATE OF MARYLAND
County Carroll	CERTIFICATE OF DEATH
Village or City Mion Budge (No.	Registration Dist. No.  [if death occurred in a hospital or institution, give its NAME instead of street and number.]
FULL NAME Daniel W	ppero
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale Brack OBJUDACE ORDIVACED ORDIVACED ORDIVACED ORDIVACED ORDIVACED ORDIVACED ORDIVACED ORDIVACED	16 DATE OF DEATH  Mr. 76 ,1919'  (Month) (Day (Year)
G DATE OF BIRTH  (Month) (Day (Year)	that I last saw h had alive on
7 AGE   If LESS than   f day,hrs.   ORmin. ?	and that death occurred on the date stated above, atm The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trada, profession, or particular kind of work. (b) General nature of Industry,	Chroni Cyphlis
business, or establishment in which employed (or amployer)  BERTHPLACE (State or country)	Contributory & Surface (Buration) yrs mos ds.
10 NAME OF FATHER	(Signed) Or, 7, H, G, G, M, D,
OF STATE  OF FATHER  (State or country)  12 MAIDEN NAME	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
T 12 MAIDEN NAME OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE
13 BIRTHPLACE OF MOTHER (State or country)	At place In the of death yrs mos ds. State yrs mos ds
(informant) Mas Laure Surfagins	Where was disease contracted, If not at piaca of death? Former or usual rasidence
(Address) Massing Bridge May 1	Nowet Joy Cew 4 27 , 1915
Filed 4/2 , 19 N E Builty REGISTRAN  11 more blanks are needed, Andress State Regis	To UNDERTAKER ADDRESS Breds



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewifc, Housework, or At Home, and children, not additional live is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. who have no occupation whatever, write None. causing dearif, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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